

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO

In re:	§	
	§	
TWIN CITY HOSPITAL	§	Case No. 10-64360
	§	
Debtor	§	

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**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION  
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY  
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)**

Mark D. Kozel, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: 0.00 (Without deducting any secured claims)	Assets Exempt: 0.00
Total Distributions to Claimants: 551,944.83	Claims Discharged Without Payment: 2,905,675.16
Total Expenses of Administration: 653,113.08	

3) Total gross receipts of \$ 1,205,057.91 (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$ 0.00 (see **Exhibit 2**), yielded net receipts of \$ 1,205,057.91 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from <b>Exhibit 3</b> )	\$ NA	\$ NA	\$ NA	\$ NA
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from <b>Exhibit 4</b> )	NA	635,779.60	635,679.60	610,179.60
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from <b>Exhibit 5</b> )	NA	306,668.92	42,933.48	42,933.48
PRIORITY UNSECURED CLAIMS (from <b>Exhibit 6</b> )	NA	0.00	415,974.63	415,974.63
GENERAL UNSECURED CLAIMS (from <b>Exhibit 7</b> )	20,191,037.74	21,369,745.43	3,041,645.36	135,970.20
<b>TOTAL DISBURSEMENTS</b>	\$ 20,191,037.74	\$ 22,312,193.95	\$ 4,136,233.07	\$ 1,205,057.91

4) This case was originally filed under chapter 11 on 10/13/2010 , and it was converted to chapter 7 on 06/28/2011 . The case was pending for 81 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 02/27/2018 By: /s/Mark D. Kozel  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO  
FINAL ACCOUNT**

**EXHIBIT 1 – GROSS RECEIPTS**

DESCRIPTION	UNIFORM TRAN. CODE <sup>1</sup>	\$ AMOUNT RECEIVED
Potential Preference Recovery	1141-000	42,500.00
Potential Preference Recovery	1241-000	459,815.26
Potential Preference Recovery	1249-000	1,070.00
457(b) Plan Proceeds	1249-000	449,600.31
ACCOUNTS RECEIVABLE	1249-000	3,500.00
Post-Petition Interest Deposits	1270-000	281.37
Assets from Interim Ch 7 Trustee	1290-000	233,195.90
Carve-Out from Sale Proceeds - Purchase Price Adj	1290-000	12,966.15
ACCOUNTS RECEIVABLE	1290-000	2,128.92
<b>TOTAL GROSS RECEIPTS</b>		<b>\$ 1,205,057.91</b>

<sup>1</sup>The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

**EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES**

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
NA		NA	NA

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
TOTAL FUNDS PAID TO DEBTOR & THIRD PARTIES			\$ 0.00

**EXHIBIT 3 – SECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA	NA	NA	NA	NA	NA	NA
TOTAL SECURED CLAIMS			\$ NA	\$ NA	\$ NA	\$ NA

**EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES**

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
LAW, ANTHONY J. DEGIROLAMO, ATTORNE	2100-000	NA	2,862.00	2,862.00	2,862.00
MARK D. KOZEL	2100-000	NA	56,539.74	56,539.74	56,539.74
LAW, ANTHONY J. DEGIROLAMO, ATTORNE	2200-000	NA	124.48	124.48	124.48
INSURANCE PARTNERS AGENCY, INC.	2300-000	NA	2,717.00	2,717.00	2,717.00
MRSC INSURANCE PARTNERS, LLC	2300-000	NA	320.00	320.00	320.00
UNION BANK	2600-000	NA	13,069.09	13,069.09	13,069.09
CLERK OF COURTS	2700-000	NA	250.00	250.00	250.00

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
DEWINE, OHIO ATTORNEY GENERAL MIKE	2820-000	NA	200.00	200.00	200.00
TREASURER - STATE OF OHIO	2820-000	NA	200.00	200.00	200.00
TREASURER, STATE OF OHIO	2820-000	NA	400.00	300.00	300.00
WINE, OHIO ATTORNEY GENERAL MIKE DE	2820-000	NA	400.00	400.00	400.00
UNITED STATES TRUSTEE	2950-000	NA	6,500.00	6,500.00	6,500.00
FEDERAL EXPRESS	2990-000	NA	26.57	26.57	26.57
FEDEX	2990-000	NA	244.13	244.13	244.13
IMAGING, PROFILE	2990-000	NA	1,833.37	1,833.37	1,833.37
HAHN LOESER & PARKS	3110-000	NA	11,500.00	11,500.00	0.00
HAHN LOESER & PARKS, LLP	3110-000	NA	37,227.50	37,227.50	37,227.50
HAHN LOESER & PARKS	3120-000	NA	1,500.00	1,500.00	0.00
HAHN LOESER & PARKS LLP	3210-000	NA	200,529.50	200,529.50	200,529.50
HAHN LOESER & PARKS, LLP	3210-000	NA	28,706.99	28,706.99	28,706.99
HAHN LOESER & PARKS LLP	3220-000	NA	3,582.19	3,582.19	3,582.19
HAHN LOESER & PARKS, LLP	3220-000	NA	3,359.64	3,359.64	3,359.64
YARGER RADEL & PENTZ, LLC	3220-000	NA	1,664.67	1,664.67	1,664.67

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
BDO USA, LLP	3310-000	NA	12,500.00	12,500.00	12,500.00
BDO USA, LLP	3410-000	NA	12,500.00	12,500.00	0.00
SS&G	3410-000	NA	2,000.15	2,000.15	2,000.15
SS&G FINANCIAL SERVICES	3410-000	NA	7,448.20	7,448.20	7,448.20
SS&G INC.	3410-000	NA	1,884.80	1,884.80	1,884.80
SS&G, INC.	3410-000	NA	15,763.92	15,763.92	15,763.92
SS&G FINANCIAL SERVICES INC.	3420-000	NA	125.00	125.00	125.00
SS&G, INC.	3420-000	NA	139.28	139.28	139.28
BDO USA, LLP	3731-000	NA	34,000.00	34,000.00	34,000.00
SS&G PARKLAND CONSULTING LLC	3731-000	NA	38,370.00	38,370.00	38,370.00
SS&G PARKLAND CONSULTING, LLC	3731-000	NA	27,300.00	27,300.00	27,300.00
THE PARKLAND GROUP, INC.	3731-000	NA	108,515.00	108,515.00	108,515.00
SS&G PARKLAND CONSULTING LLC	3732-000	NA	3.00	3.00	3.00
SS&G PARKLAND CONSULTING, LLC	3732-000	NA	34.26	34.26	34.26
THE PARKLAND GROUP, INC.	3732-000	NA	439.12	439.12	439.12

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
REA & ASSOCIATES, INC.	3991-000	NA	1,000.00	1,000.00	1,000.00
<b>TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES</b>		<b>\$ NA</b>	<b>\$ 635,779.60</b>	<b>\$ 635,679.60</b>	<b>\$ 610,179.60</b>

**EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES**

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SS&G PARKLAND CONSULTING, LLC	6700-000	NA	42,885.00	42,885.00	42,885.00
SS&G PARKLAND CONSULTING, LLC	6710-000	NA	48.48	48.48	48.48
CALFEE, HALTER & GRISWOLD LLP	6990-000	NA	20,887.34	0.00	0.00
DANIEL T. MURRAY AND FOCUS MANAGEME	6990-000	NA	6,750.85	0.00	0.00
MCDONALD HOPKINS, LLC	6990-000	NA	61,985.60	0.00	0.00
OHIO BUREAU OF WORKERS' COMPENSATIO	6990-000	NA	23,348.55	0.00	0.00
OHIO DEPARTMENT OF JOB & FAMILY SER	6990-000	NA	141,090.78	0.00	0.00
TCF EQUIPMENT FINANCE INC.	6990-000	NA	9,672.32	0.00	0.00
<b>TOTAL PRIOR CHAPTER ADMIN. FEES AND CHARGES</b>		<b>\$ NA</b>	<b>\$ 306,668.92</b>	<b>\$ 42,933.48</b>	<b>\$ 42,933.48</b>

**EXHIBIT 6 – PRIORITY UNSECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	BHAIRAPPA, M.D., VAIJANATH	5400-000	NA	0.00	42,627.00	42,627.00
	GHARPURE, VARSHA	5400-000	NA	0.00	41,734.79	41,734.79
	NOCHE, M.D., EMMANUEL	5400-000	NA	0.00	42,708.17	42,708.17
	OLYMPIA, CHRISTIAN	5400-000	NA	0.00	38,169.03	38,169.03
	ROLLANDINI, M.D., LAURA	5400-000	NA	0.00	31,577.46	31,577.46
	SOROLLA-OLYMPIA, M.D., MARICELLE	5400-000	NA	0.00	65,318.60	65,318.60
	WELLS FARGO BANK, NATIONAL ASSOCIAT	5400-000	NA	0.00	153,839.58	153,839.58
<b>TOTAL PRIORITY UNSECURED CLAIMS</b>			<b>\$ NA</b>	<b>\$ 0.00</b>	<b>\$ 415,974.63</b>	<b>\$ 415,974.63</b>

**EXHIBIT 7 – GENERAL UNSECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000028	3M COMPANY	7100-000	6,150.68	6,150.68	6,150.68	274.95

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
00000000F3	ACCLARENT	7100-000	14,166.46	0.00	14,166.46	633.28
	ACTIVITY, TRICARE					
0000000035	MANAGEMENT	7100-000	NA	130.90	130.90	5.85
	ADT SECURITY SERVICES					
0000000027	INC	7100-000	7,830.61	7,830.61	7,830.61	350.05
000000F193	AHMED, SUMAYYA	7100-000	597.00	0.00	597.00	26.68
	ALERE NORTH AMERICA,					
0000000030	INC.	7100-000	NA	727.85	727.85	32.54
0000000F11	ALLIED INFOTECH CORP	7100-000	3,549.82	0.00	3,549.82	158.69
0000000F12	ALLSCRIPTS	7100-000	3,681.00	0.00	3,681.00	164.55
0000000F13	ALPHA IMAGING INC	7100-000	5,943.23	0.00	5,943.23	265.68
	AMERICAN HEALTHCARE					
0000000046	SOLUTIONS	7100-000	173,867.65	178,623.79	178,623.79	7,984.99
0000000F16	AMS SALES CORP	7100-000	3,350.00	0.00	3,350.00	149.75
0000000F18	ARNETT & FOSTER	7100-000	120,972.15	0.00	120,972.15	5,407.80
	ARROW INTERNATIONAL					
0000000F19	INC	7100-000	450.24	0.00	450.24	20.13
	ARTHROCARE MEDICAL					
0000000078	CORP	7100-000	4,144.49	4,144.49	4,144.49	185.27

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F21	AT&T	7100-000	1,986.03	0.00	1,986.03	88.78
0000000092	AULTCARE	7100-000	NA	78,750.00	78,750.00	3,520.35
0000000091	AVI FOODSYSTEMS INC.	7100-000	NA	583,446.72	0.00	0.00
000000F136	BACKERY, NICKLES	7100-000	805.44	0.00	805.44	36.01
0000000009	BAXTER HEALTHCARE	7100-000	115,582.15	123,198.45	123,198.45	5,507.32
0000000011	BECKMAN COULTER INC	7100-000	73,698.69	73,698.69	0.00	0.00
BEHAVIORAL CENTERS						
0000000022	OF AMERICA, INC.	7100-000	NA	0.00	0.00	0.00
0000000034	BIOLOGICS, BIOMET	7100-000	3,345.80	3,345.00	3,345.00	149.53
0000000016	BIOMERIEUX INC	7100-000	3,105.00	3,105.00	3,105.00	138.80
BIORAD LABORATORIES						
0000000029	INC	7100-000	3,509.22	3,509.22	3,509.22	156.87
0000000075	BLOOM'S PRINTING	7100-000	16,600.40	19,078.90	19,078.90	852.88
0000000F30	BOARDMAN MEDICAL	7100-000	434.02	0.00	434.02	19.40
BOSTON SCIENTIFIC						
0000000F31	CORP	7100-000	2,414.00	0.00	2,414.00	107.91
BRACCO DIAGNOSTICS						
0000000F32	INC	7100-000	3,916.98	0.00	3,916.98	175.10
0000000025	BRICKER & ECKLER LLP	7100-000	4,268.75	4,143.75	4,143.75	185.24

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F58	BRIDGEWAY, CUMMINS	7100-000	748.80	0.00	748.80	33.47
0000000068	BSN MEDICAL	7100-000	274.16	274.16	274.16	12.26
000000F163	BUSINESS, PROGRESSIVE	7100-000	299.00	0.00	299.00	13.37
0000000043	CARDINAL HEALTH 200 LLC	7100-000	5,636.99	5,652.01	5,652.01	252.66
0000000044	CARDINAL HEALTH 414 LLC	7100-000	13,035.99	10,867.54	10,867.54	485.81
0000000F41	CARE EXPRESS PRODUCTS	7100-000	1,630.80	0.00	1,630.80	72.90
0000000054	CENTURIAN MEDICAL PRODUCTS	7100-000	NA	249.25	0.00	0.00
0000000F44	CINTAS CORPORATION #316	7100-000	159.02	0.00	159.02	7.11
000000F156	COLA, PEPSI	7100-000	432.28	0.00	432.28	19.32
0000000070	CONMED CORPORATION	7100-000	933.52	765.88	765.88	34.23
0000000F50	COOK MEDICAL INCORPORATED	7100-000	601.98	0.00	601.98	26.91
0000000F52	COPYRIGHT INC	7100-000	4,571.46	0.00	4,571.46	204.36
0000000019	COVIDIENKENDALL	7100-000	5,348.10	5,348.10	5,348.10	239.08

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F54	CPSI	7100-000	168,763.64	0.00	0.00	0.00
	CPSI NATIONAL USER					
0000000F55	GROUP	7100-000	855.68	0.00	0.00	0.00
	CRYSTAL SPRING WATER					
0000000F56	COMPANY	7100-000	112.55	0.00	112.55	5.03
	CULLIGAN OF DOVER					
0000000F57	OHIO	7100-000	431.90	0.00	431.90	19.31
	DENNISON RADIOLOGY					
0000000024	SVCS LLC	7100-000	22,526.00	22,886.00	22,886.00	1,023.07
000000F142	DEPOT, OFFICE	7100-000	3,235.20	0.00	3,235.20	144.62
0000000033	DIAGNOSTICS, QUEST	7100-000	68,556.91	75,313.04	75,313.04	3,366.71
	DIVERSIFIED MEDICAL					
0000000055	ALLIANCE	7100-000	544.00	544.00	544.00	24.32
	DOVER ORTHOPAEDIC					
0000000082	CENTER INC	7100-000	36,312.50	35,000.00	35,000.00	1,564.60
0000000F67	DRAGER MEDICAL	7100-000	3,009.78	0.00	0.00	0.00
	EMDEON BUSINESS					
0000000F70	SERVICES	7100-000	18,733.87	0.00	18,733.87	837.46
	EMERGENCY					
0000000F71	RADIOLOGY SERVICES	7100-000	10,000.00	0.00	10,000.00	447.03

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F216	EQUIPMENT, VALLEY FIRE	7100-000	2,230.00	0.00	2,230.00	99.68
0000000F74	FEDEX	7100-000	145.93	0.00	145.93	6.52
0000000020	FISHER HEALTHCARE	7100-000	3,885.08	3,849.58	3,849.58	172.09
0000000F76	FORTEC MEDICAL	7100-000	4,225.00	0.00	4,225.00	188.87
0000000073	FOUNDATION, AULTMAN HEALTH	7100-000	21,960.24	22,109.24	0.00	0.00
0000000023	GE HEALTHCARE IITS USA CORP.	7100-000	45,155.50	46,612.13	46,612.13	2,083.69
00000000D 2	GE HEALTHCARE FINANCIAL SERVICES	7100-000	76,444.35	0.00	76,444.35	3,417.28
00000000D 3	GE HEALTHCARE FINANCIAL SERVICES	7100-000	45,155.50	0.00	0.00	0.00
0000000050	GENERAL ELECTRIC CAPITAL CORPORATIO	7100-000	NA	12,231.10	12,231.10	546.76
00000000E 1	GENERAL, OHIO ATTORNEY	7100-000	159,078.83	0.00	0.00	0.00
0000000F79	GLOBALLAB SOLUTIONS INC	7100-000	1,309.00	0.00	1,309.00	58.52
0000000F81	GREEN ACRES LAWN & LANDSCAPE	7100-000	1,544.00	0.00	1,544.00	69.02

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F83	H C LOBALZO & SONS	7100-000	1,831.90	0.00	1,931.90	86.36
HEALTH CARE LOGISTICS						
0000000059	INC	7100-000	564.83	564.83	564.83	25.24
0000000F87	HEIN CONSTRUCTION INC	7100-000	2,203.00	0.00	2,203.00	98.48
0000000F88	HOLOGIC INC	7100-000	4,810.00	0.00	4,810.00	215.02
HOSPITALIST GROUP OF						
0000000037	OHIO LLC	7100-000	76,560.00	79,480.00	79,480.00	3,552.98
0000000F92	I.E.H.A. INC	7100-000	290.00	0.00	290.00	12.97
0000000004	IMMUCOR INC	7100-000	457.97	457.97	457.97	20.47
INTEGRIS, DAIRY						
0000000F59	ENTERPRISES	7100-000	1,772.46	0.00	1,772.46	79.24
000000F194	INDUSTRIES, T. BATES	7100-000	262.08	0.00	0.00	0.00
0000000F95	INTERGRA	7100-000	1,447.89	0.00	1,447.89	64.72
INTERIM HEALTHCARE						
0000000079	OF ZANESVILLE, I	7100-000	NA	960.00	960.00	42.91
INVERNESS MEDICAL						
0000000F96	INNOVATIONS	7100-000	727.85	0.00	0.00	0.00
INVESTMENT PARTNERS,						
0000000F97	LTD.	7100-000	175.00	0.00	175.00	7.82

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F98	J & J REFUSE	7100-000	730.23	0.00	730.23	32.65
000000F100	JONESZYLON	7100-000	343.68	0.00	343.68	15.36
00000000D 4	KEY EQUIPMENT FINANCE INC.	7100-000	8,606.33	0.00	0.00	0.00
0000000084	KEYSTONE HEALTHCARE NORTHERN CRESCE	7100-000	78,553.12	97,665.52	78,553.12	3,511.55
000000F105	KFORCE	7100-000	1,503.00	0.00	1,503.00	67.19
0000000047	KING'S MEDICAL COMPANY	7100-000	113,587.26	1,063,178.51	405,803.51	18,140.57
000000F107	KNAB MEDICAL ASSOCIATES	7100-000	1,076.02	0.00	1,076.02	48.10
000000F108	LABORATORY SUPPLY COMPANY	7100-000	6,059.65	0.00	6,059.65	270.88
000000F110	LANDAUER INC	7100-000	1,581.81	0.00	1,581.81	70.71
0000000076	LEMAITRE VASCULAR INC	7100-000	944.60	1,006.01	1,006.01	44.97
000000F114	LIPPINCOTT WILLIAMS & WILKINS	7100-000	275.33	0.00	275.33	12.31
000000F115	MAKO PROPERTIES	7100-000	2,419.25	0.00	0.00	0.00
0000000001	MAX, OFFICE	7100-000	468.46	1,486.93	468.46	20.94

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F117	MEDGARDE	7100-000	293.10	0.00	0.00	0.00
	MEDICAL PHYSICS					
000000F118	SERVICES INC	7100-000	6,257.00	0.00	6,257.00	279.71
000000F121	MEDTRONICS USA INC	7100-000	187.00	0.00	187.00	8.36
000000F122	MERCEDES MEDICAL INC	7100-000	253.92	0.00	253.92	11.35
	MERCY MEDICAL					
000000F123	CENTER	7100-000	55,067.00	0.00	55,067.00	2,461.65
000000F125	MGMA	7100-000	365.00	0.00	365.00	16.32
	MIDWEST ULTRASOUND					
0000000006	INC	7100-000	46,552.98	36,000.00	0.00	0.00
	MILLIPORE					
000000F128	CORPORATION	7100-000	3,101.00	0.00	3,101.00	138.62
000000F129	MODERNPATH INC.	7100-000	1,200.00	0.00	0.00	0.00
000000F130	MOORE MEDICAL CORP	7100-000	1,461.58	0.00	1,461.58	65.34
	NEC FINANCIAL					
0000000003	SERVICES, LLC	7100-000	582.50	13,500.00	2,700.00	120.70
000000F134	NEOPOST INC,	7100-000	3,710.80	0.00	3,710.80	165.88
0000000071	NETWORK SERVICES	7100-000	4,620.00	4,396.74	4,396.74	196.55

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000036	NETWORK SERVICES COMPANY	7100-000	NA	4,396.74	0.00	0.00
000000F138	NORTHEAST MEDICAL CONSULTING	7100-000	975.00	0.00	975.00	43.59
000000F145	OHIC INSURANCE	7100-000	46,026.66	0.00	46,026.66	2,057.52
0000000021 B	OHIO BUREAU OF WORKERS' COMPENSATIO	7100-000	NA	0.00	13,348.55	596.72
0000000018	OHIO DEPARTMENT OF JOB & FAMILY SER	7100-000	NA	177,366.28	177,366.28	7,928.78
0000000045	OHIO DEPARTMENT OF JOB & FAMILY SER	7100-000	NA	130,931.50	130,931.50	5,853.01
0000000090 B	OHIO DEPARTMENT OF JOB & FAMILY SER	7100-000	NA	0.00	112,515.32	5,029.75
000000F146	OHIO HOSPITAL ASSOCIATION	7100-000	20,549.00	0.00	20,549.00	918.60
000000F147	OHIO STATE HEALTH NETWORK	7100-000	10,340.00	0.00	10,340.00	462.23
0000000F65	OHIO, DOMINION EAST	7100-000	5,600.09	0.00	5,600.09	250.34
000000F148	OLYMPUS	7100-000	1,446.90	0.00	1,446.90	64.68
000000F149	ORGANOGENESIS INC	7100-000	1,434.00	0.00	1,434.00	64.10

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F150	OSTEOMED LP	7100-000	990.00	0.00	990.00	44.26
0000000031	OWENS & MINOR	7100-000	46,288.65	47,723.10	0.00	0.00
000000F153	OXFORD CAPITAL ENTERPRISES	7100-000	94,000.37	0.00	0.00	0.00
000000F154	PARTS SOURCE LLC	7100-000	865.02	0.00	865.02	38.67
000000F223	PHARMACEUTICALS, WYETH	7100-000	5,032.80	0.00	5,032.80	224.98
000000F157	PHILIPS MEDICAL SYSTEMS, N.A.	7100-000	17,224.30	0.00	0.00	0.00
000000F158	POCKET FULL OF THERAPY	7100-000	215.06	0.00	215.06	9.61
0000000053	POWER, AMERICAN ELECTRIC	7100-000	13,971.32	4,927.82	4,927.82	220.29
000000F162	PREFERRED MEDICAL MARKETING	7100-000	3,500.00	0.00	3,500.00	156.46
000000F174	PRESTON, SAMMONS	7100-000	535.59	0.00	535.59	23.94
000000F165	QUADAX	7100-000	7,860.80	0.00	7,860.80	351.40
0000000061	QUEST MEDICAL	7100-000	277.28	227.28	227.28	10.16
000000F168	RADIOMETER AMERICA INC	7100-000	3,251.69	0.00	0.00	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F170	REA & ASSOCIATES INC	7100-000	1,096.20	0.00	0.00	0.00
0000000008	REMOVAL, ROSS SNOW	7100-000	9,109.00	9,080.41	9,080.41	405.92
0000000007	RESOURCE, COMPREHENSIVE PRACTICE	7100-000	NA	975.00	0.00	0.00
00000000F4	RN, ACCESS	7100-000	1,230.00	0.00	1,230.00	54.98
0000000005	SCHINDLER ELEVATOR CORP	7100-000	4,059.26	3,467.03	3,467.03	154.99
000000F176	SENORX, INC	7100-000	890.10	0.00	890.10	39.79
000000F177	SERVICE STATION EQUIPMENT	7100-000	518.00	0.00	518.00	23.16
0000000067	SHARE, LIFE	7100-000	16,528.00	16,528.00	16,528.00	738.85
000000F178	SHREDIT OF AKRON INC	7100-000	2,987.25	0.00	2,987.25	133.54
000000F179	SHREDIT OF AKRON INC	7100-000	2,987.25	0.00	2,987.25	133.54
0000000072	SIEMENS HEALTHCARE DIAGNOSTICS	7100-000	44,625.46	44,564.12	0.00	0.00
000000F182	SIEMENS MEDICAL SOLUTIONS	7100-000	14,975.85	0.00	0.00	0.00
0000000048	SLEEPMED, INC.	7100-000	106,934.60	106,934.60	106,934.60	4,780.28

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F184	SMITH & NEPHEW ENDOSCOPY	7100-000	675.16	0.00	675.16	30.18
0000000F63	SOLUTIONS, DIETARY	7100-000	1,445.75	0.00	0.00	0.00
000000F195	SOLUTIONS, TCI DATA	7100-000	211.48	0.00	211.48	9.45
000000F186	SOURCEONE HEALTHCARE TECH	7100-000	303.09	0.00	303.09	13.55
0000000015	STAFF CARE, INC.	7100-000	NA	31,572.34	0.00	0.00
0000000064	STAFF CARE, INC.	7100-000	31,914.73	31,572.34	31,572.34	1,411.37
0000000063	STAR, STEUBENVILLE HERALD	7100-000	NA	1,676.83	0.00	0.00
000000F190	STEPHENSON, STEPHENSON, & CARROTHER	7100-000	21,930.75	0.00	21,930.75	980.37
0000000056	STERICYCLE INC	7100-000	5,917.42	5,917.42	5,917.42	264.53
000000F192	STERIS CORPORATION	7100-000	4,133.21	0.00	0.00	0.00
0000000052	SUPPLY, INDEPENDENCE BUSINESS	7100-000	2,327.19	2,327.96	2,327.96	104.07
0000000F51	SURGICAL, COOPER	7100-000	2,355.20	0.00	2,355.20	105.28
000000F126	SYSTEMS, MIDAMERICA BUSINESS	7100-000	638.43	0.00	638.43	28.54

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000081	TCF EQUIPMENT FINANCE INC.	7100-000	NA	92,454.51	92,454.51	4,132.98
0000000013	THE COMMERCIAL SAVINGS BANK	7100-000	250,000.00	251,006.94	251,006.94	11,220.72
0000000069	THE DISTILLATA CO.	7100-000	NA	0.00	0.00	0.00
0000000062	THE FIRST NATIONAL BANK OF DENNISON	7100-000	NA	10,331.31	0.00	0.00
0000000077	THE ST. JOHNS COMPANIES	7100-000	3,219.19	3,219.19	3,219.19	143.91
000000F202	TKE CORP	7100-000	4,283.39	0.00	4,283.39	191.48
000000F203	TOSHIBA AMERICA MEDICAL SYSTEMS	7100-000	40,513.00	0.00	40,513.00	1,811.05
0000000F78	TRANE, GARDINER	7100-000	9,575.00	0.00	0.00	0.00
00000000E 2	TREASURER OF STATE OF OHIO	7100-000	48.25	0.00	0.00	0.00
000000F204	TRISTATE HOSPITAL SUPPLY	7100-000	249.25	0.00	249.25	11.14
000000F205	TUSCARAWAS COUNTY HEALTH DEPT	7100-000	1,762.50	0.00	1,762.50	78.79
000000F206	TUSCARAWAS COUNTY OB/GYN	7100-000	3,000.00	0.00	3,000.00	134.11

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F207	TWIN CITY WATER DEPT.	7100-000	2,267.17	0.00	2,267.17	101.35
000000F208	UNION HOSPITAL PHARMACY	7100-000	30,419.35	0.00	30,419.35	1,359.83
0000000058	UNIPOWER CORPORATION	7100-000	423.86	423.86	423.86	18.95
000000F211	UNITED MEDICAL SYSTEMS (DE) INC	7100-000	6,586.00	0.00	6,586.00	294.41
000000F212	UNUM LIFE INSURANCE	7100-000	20,667.63	0.00	0.00	0.00
000000F213	US FOODSERVICE INC	7100-000	10,908.83	0.00	10,908.83	487.66
000000F139	VACCINES, NOVARTIS	7100-000	24,750.00	0.00	24,750.00	1,106.40
0000000017	VALLEY NATIONAL GASES INC	7100-000	2,674.36	4,874.00	0.00	0.00
0000000049	WELLS FARGO BANK NA AS INDENTURE TR	7100-000	17,247,267.13	17,247,267.13	0.00	0.00
0000000038	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	84,709.75	0.00	0.00
0000000039	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	51,899.41	0.00	0.00
0000000040	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	75,161.50	0.00	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000041	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	75,566.81	0.00	0.00
0000000042	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	46,065.94	0.00	0.00
0000000085	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	20,000.00	0.00	0.00
0000000086	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	20,000.00	0.00	0.00
0000000087	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	20,000.00	0.00	0.00
00000none1	WELLS FARGO BANK, NATIONAL ASSOCIAT	7100-000	NA	86,116.34	0.00	0.00
000000F221	WILBURN MEDICAL USA	7100-000	135.00	0.00	135.00	6.03
00000000D 8	WINTHROP RESOURCES CORPORATION	7100-000	7,156.45	0.00	0.00	0.00
0000000032	WIRELESS, VERIZON	7100-000	822.87	825.60	825.60	36.91
0000000F69	WORKS, ECLINICAL	7100-000	29,863.94	0.00	0.00	0.00
000000F222	WRIGHT MEDICAL TECHNOLOGY	7100-000	2,481.30	0.00	2,481.30	110.92
0000000F43	XRAY, CENTURA	7100-000	3,847.00	0.00	3,847.00	171.97

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F124	XRAY, MERY	7100-000	968.01	0.00	968.01	43.27
000000F225	ZONES	7100-000	9,121.79	0.00	9,121.79	407.77
0000000F38	(VIASYS), CARDINAL HEALTH	7100-001	80.30	0.00	80.30	3.59
0000000F82	ACMI, GYRUS	7100-001	6,718.66	0.00	6,718.66	300.34
0000000026	ADT SECURITY SERVICES INC	7100-001	NA	4.46	4.46	0.20
00000000F7	AGHOG/PITTSBURGH CO. INC	7100-001	390.00	0.00	390.00	17.43
0000000060	ALCO SALES & SERVICE CO	7100-001	44.06	44.06	44.06	1.97
0000000066	ALIMED INC	7100-001	64.99	64.99	64.99	2.91
0000000057	ARIZANT HEALTHCARE INC	7100-001	130.10	130.10	130.10	5.82
0000000F23	BARKETT FRUIT COMPANY	7100-001	901.46	0.00	901.46	40.30
0000000F25	BIODEX MEDICAL SYSTEMS INC	7100-001	86.09	0.00	86.09	3.85
000000F215	BOOK, USERFRIENDLY PHONE	7100-001	104.00	0.00	104.00	4.65

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F34	BRIGGS CORPORATION	7100-001	66.26	0.00	66.26	2.96
0000000F200	CABLE, TIME WARNER	7100-001	11.20	0.00	11.20	0.50
0000000F42	CAREFUSION SOLUTIONS LLC	7100-001	18,122.32	0.00	18,122.32	810.12
0000000F45	COMMUNICATIONS, CMS	7100-001	1,146.55	0.00	1,146.55	51.25
0000000F46	COMMUNITY MEMORIAL HOSPITAL	7100-001	1,500.00	0.00	1,500.00	67.05
0000000F48	CONCEPTUS INC	7100-001	3,106.89	0.00	3,106.89	138.89
0000000F60	DANCO MEDICAL SYSTEMS	7100-001	1,004.77	0.00	1,004.77	44.92
0000000F61	DATE IMAGE HOPEWELL LLC	7100-001	12,131.74	0.00	12,131.74	542.32
0000000F91	DIRECT, HR	7100-001	71.19	0.00	71.19	3.18
0000000F68	EBSCO	7100-001	184.87	0.00	184.87	8.26
0000000F72	FACIS	7100-001	10.00	0.00	10.00	0.45
0000000F73	FEDERATION OF STATE MEDICAL BOARDS	7100-001	168.00	0.00	168.00	7.51
0000000F77	FRONTIER	7100-001	806.79	0.00	806.79	36.07

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000F80	GREAT AMERICAN LEASING COMPANY	7100-001	909.92	0.00	909.92	40.67
0000000F84	HACH	7100-001	31.84	0.00	31.84	1.42
0000000F85	HARCOURT ASSESSMENT INC	7100-001	1,247.75	0.00	1,247.75	55.78
00000000F6	INSTRUMENT, AGAPE	7100-001	384.00	0.00	384.00	17.17
0000000F36	INTERNATIONAL, BURCO	7100-001	450.00	0.00	450.00	20.12
0000000012	JOHNSON & JOHNSON	7100-001	7,878.00	7,878.00	7,878.00	352.17
000000F101	KAMED	7100-001	175.00	0.00	175.00	7.82
000000F102	KATZ BRUNNER HEALTHCARE	7100-001	3,575.00	0.00	3,575.00	159.82
000000F104	KEYSTONE MEDICALCEA INC.	7100-001	99.45	0.00	99.45	4.45
000000F210	LABEL, UNITED ADD	7100-001	128.09	0.00	128.09	5.73
000000F119	LABORATORIES, MEDMIRA	7100-001	5.00	0.00	5.00	0.22
000000F109	LAND & WHEELS	7100-001	51.40	0.00	51.40	2.30
000000F112	LIBERTY DISTRIBUTORS	7100-001	64.50	0.00	64.50	2.88
000000F131	LOGIC, MX	7100-001	630.00	0.00	630.00	28.16

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000000F116	MCALEE	7100-001	1,260.00	0.00	1,260.00	56.33
	MEDICAL STAFFING					
0000000010	SOLUTIONS, INC.	7100-001	1,722.48	1,722.48	1,722.48	77.00
000000F120	MEDSERV PLUS INC	7100-001	693.70	0.00	693.70	31.01
	NCS HEALTHCARE OF					
0000000014	OHIO, LLC	7100-001	NA	10,720.00	2,700.00	120.70
000000F141	OCE IMAGISTICS INC	7100-001	127.80	0.00	127.80	5.71
000000F151	OUR TOWN COMPANY	7100-001	190.00	0.00	190.00	8.49
000000F155	PEARSON	7100-001	1,031.39	0.00	1,031.39	46.11
000000F160	POSSITIVITY	7100-001	149.43	0.00	149.43	6.68
000000F161	PRACTICE LINK LTD	7100-001	2,295.00	0.00	2,295.00	102.60
000000F159	PROMOTIONS, POSITIVE	7100-001	81.85	0.00	81.85	3.66
000000F164	PUBLISHING, PRUDENT	7100-001	277.53	0.00	277.53	12.41
	RADIOLOGY,					
000000F137	NIGHTHAWK	7100-001	66,728.03	0.00	66,728.03	2,982.93
000000F169	RC MEDICAL INC	7100-001	95.43	0.00	95.43	4.26
	REPAIR, A RAPID					
00000000F2	RESTAURANT	7100-001	77.00	0.00	77.00	3.44
000000F201	REPORTER, TIMES	7100-001	2,295.40	0.00	2,295.40	102.61

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
0000000074	RESOURCE, COMPREHENSIVE PRACTICE	7100-001	975.00	975.00	975.00	43.59
000000F171	RESPIRONICS	7100-001	325.00	0.00	325.00	14.53
000000F132	RETIREMENT, NATIONWIDE	7100-001	1,568.00	0.00	1,568.00	70.09
000000F172	ROCHE DIAGNOSTCS CORP	7100-001	1,487.12	0.00	1,487.12	66.48
0000000F37	SCIENCE, CARDIAC	7100-001	330.00	0.00	330.00	14.75
0000000F89	SEMINARS, HORTY SPRINGER	7100-001	495.00	0.00	495.00	22.13
000000F185	SMITHS MEDICAL ASD INC	7100-001	695.00	0.00	695.00	31.07
000000F144	SOLUTIONS, OHAINSURANCE	7100-001	768.00	0.00	768.00	34.33
000000F180	SPECIALISTS, SHOCKWAVE	7100-001	1,300.00	0.00	1,300.00	58.11
000000F197	SYSTEM, TELEPAGE COMMUNICATION	7100-001	233.85	0.00	233.85	10.46
000000F140	SYSTEMS, NUTRITION MANAGEMENT	7100-001	774.87	0.00	774.87	34.64

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000000F196	TECHNOWIPE	7100-001	86.00	0.00	86.00	3.84
000000F198	TELERITE CORP	7100-001	917.91	0.00	917.91	41.03
000000F199	THE SAGE GROUP	7100-001	214.00	0.00	214.00	9.57
00000000F8	THERAPY, AGILITY	7100-001	6,129.70	0.00	6,129.70	274.02
000000002 A	TREASURY, UNITED STATES	7100-001	6,319.39	3,911.27	9.85	0.44
000000F218	VERISYS CORPORATION	7100-001	100.00	0.00	100.00	4.47
000000F220	VISA	7100-001	8,198.77	0.00	8,197.77	366.46
00000000D 7	WELLS FARGO EQUIPMENT FINANCE, INC.	7100-001	16,183.75	0.00	16,183.75	723.46
000000F224	YRC	7100-001	81.00	0.00	81.00	3.63
000000002 B	DEPARTMENT OF TREASURY	7300-000	NA	3,901.42	3,901.42	174.40
<b>TOTAL GENERAL UNSECURED CLAIMS</b>			<b>\$ 20,191,037.74</b>	<b>\$ 21,369,745.43</b>	<b>\$ 3,041,645.36</b>	<b>\$ 135,970.20</b>

**FORM 1**  
**INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT**  
**ASSET CASES**

Page: 1  
**Exhibit 8**

Case No: 10-64360 RK Judge: Russ Kendig  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Date Filed (f) or Converted (c): 06/28/11 (c)  
341(a) Meeting Date: 12/13/10  
Claims Bar Date: 02/15/12

For Period Ending: 06/01/17

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. VOID (u)	Unknown	0.00		0.00	FA
2. VOID (u)	Unknown	0.00		0.00	FA
3. VOID (u)	Unknown	0.00		0.00	FA
4. VOID (u)	Unknown	0.00		0.00	FA
5. VOID (u)	Unknown	0.00		0.00	FA
6. VOID (u)	Unknown	0.00		0.00	FA
7. VOID (u)	Unknown	0.00		0.00	FA
8. VOID (u)	Unknown	0.00		0.00	FA
9. VOID (u)	Unknown	0.00		0.00	FA
10. VOID (u)	Unknown	0.00		0.00	FA
11. VOID (u)	Unknown	0.00		0.00	FA
12. Assets from Interim Ch 7 Trustee (u) Proceeds from Sale of Assets. \$198,195.90 earmarked for Creditors, \$35,000 for Estate Administration	0.00	233,195.90		233,195.90	FA
13. Potential Preference Recovery (u) Estimate of Preference payments made, less New Value.	Unknown	750,000.00		503,385.26	FA
14. Carve-Out from Sale Proceeds - Purchase Price Adj	0.00	12,966.15		12,966.15	FA
15. 457(b) Plan Proceeds (u) Gross proceeds from 457(b) Plan Settlement between Indentured Trustee, Plan Participants and Ch 7 Trustee	Unknown	449,600.31		449,600.31	FA
16. INSURANCE POLICIES (u) Adversary action instituted against former D's & O's (12-06005). Face value of D&O insurance is \$5 million. Canton-Aultman Emergency Physicians are also seeking recovery under this policy. Case transferred to Tuscarawas County Common Pleas Court. Summary Judgment currently under appeal.	0.00	1.00		0.00	FA

**FORM 1**  
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**ASSET CASES**

Page: 2  
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Trustee Name: Mark D. Kozel  
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1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
Case returned to Common Pleas Court with same summary judgment granted and appealed. Lost the second appeal and only course of action available was appealing to Ohio Supreme Court with a case where no district conflict exists. Trustee's business judgment deemed this not fiscally responsible to the unsecured creditor constituency.					
Case was closed and unfortunately no funds were collectible.					
17. ACCOUNTS RECEIVABLE (u)	0.00	3,500.00		5,628.92	FA
INT. Post-Petition Interest Deposits (u)	Unknown	N/A		281.37	FA

TOTALS (Excluding Unknown Values)	\$0.00	\$1,449,263.36	\$1,205,057.91	Gross Value of Remaining Assets \$0.00 (Total Dollar Amount in Column 6)
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Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

Initial Projected Date of Final Report (TFR): / / Current Projected Date of Final Report (TFR): / /

/s/ Mark D. Kozel

Date: 06/01/17

MARK D. KOZEL

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 1  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			BALANCE FORWARD				0.00
12/13/12		Transfer from Acct #*****4931	Bank Funds Transfer	9999-000	228,098.42		228,098.42
12/13/12		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	249,591.79		477,690.21
01/16/13	13	Computer Programs and Systems, Inc. 6600 Wall St. Mobile, AL 36695		1241-000	23,766.00		501,456.21
01/25/13		UNION BANK	BANK SERVICE FEE	2600-000		371.97	501,084.24
02/04/13	300001	Insurance Partners Agency, Inc. 26865 Center Ridge Road Westlake, OH 44145	Invoice 87120	2300-000		269.00	500,815.24
02/06/13	13	QHR Intensive Resources, LLC 105 Continental Drive Brentwood, TN 37203		1241-000	40,000.00		540,815.24
02/25/13	300002	SS&G Financial Services ATTN: Carol McNerney 301 Springside Dr. Akron, OH 44333	Fees - Third Interim Fee Application - Fee Portion	3410-000		7,448.20	533,367.04
02/25/13	300003	SS&G Financial Services, Inc. ATTN: Carol McNerney 301 Springside Dr. Akron, OH 44333	Third Interim fee Application - Expense portion	3420-000		125.00	533,242.04
02/25/13	300004	SS&G Parkland Consulting, LLC 31225 Solon Road Solon, OH 44139	First Interim Fee Application - Fees portion	3731-000		27,300.00	505,942.04
02/25/13	300005	SS&G Parkland Consulting, LLC 32125 Solon Road Solon, OH 44139	First Interim Fee Application - Expense portion	3732-000		34.26	505,907.78
02/25/13	300006	Hahn Loeser & Parks LLP ATTN: Christopher W. Peer, Esq. 200 Public Square, STE 2800	Thirs Interim Fee Application - Fee Portion	3210-000		53,456.00	452,451.78

Page Subtotals 541,456.21 89,004.43

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 2  
**Exhibit 9**

Case No: 10-64360 -RK  
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Taxpayer ID No: \*\*\*\*\*5740  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
02/25/13	300007	Cleveland, OH 44114 Hahn Loeser & Parks, LLP Attn: Christopher W. Peer, Esq. 200 Public Square, STE 2800 Cleveland, OH 44114	Third Interim Fee Application - Expense Portion	3220-000		506.16	451,945.62
02/25/13		UNION BANK	BANK SERVICE FEE	2600-000		623.11	451,322.51
03/04/13	17	Ohio Department of Commerce Administration 77 South High St., 23rd Floor Columbus, OH 43215-6123		1290-000	1,957.21		453,279.72
03/15/13	17	Ohio Department of Commerce 77 South High St., 23rd Floor Columbus, OH 43215		1290-000	171.71		453,451.43
03/25/13		UNION BANK	BANK SERVICE FEE	2600-000		708.84	452,742.59
04/25/13		UNION BANK	BANK SERVICE FEE	2600-000		673.21	452,069.38
05/28/13		UNION BANK	BANK SERVICE FEE	2600-000		651.01	451,418.37
06/25/13		UNION BANK	BANK SERVICE FEE	2600-000		671.79	450,746.58
07/25/13		UNION BANK	BANK SERVICE FEE	2600-000		649.11	450,097.47
08/26/13		UNION BANK	BANK SERVICE FEE	2600-000		669.73	449,427.74
09/06/13	300008	SS&G Inc. P.O. Box 39453 Cleveland, OH 44139-0453	Invoice 534731 & 4th Fee App	3410-000		495.10	448,932.64
09/06/13	300009	Hahn Loeser & Parks LLP Attn: Christopher Peer, Esq. 200 Public Square, STE 2800 Cleveland, OH 44114	4th Fee Application-Fees	3210-000		42,626.00	406,306.64
09/06/13	300010	Hahn Loeser & Parks LLP Attn: Christopher Peer, Esq. 200 Public Square, STE 2800	4th Fee Application - Expenses	3220-000		1,373.21	404,933.43

Page Subtotals 2,128.92 49,647.27

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 3  
**Exhibit 9**

Case No: 10-64360 -RK  
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Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
09/06/13	300011	Cleveland, OH 44114 SS&G Parkland Consulting, LLC Attn: Kristin Siepker 32125 Solon Road Solon, OH 44139	2nd Fee Application - Fees	6700-000		42,885.00	362,048.43
09/06/13	300012	SS&G Parkland Consulting, LLC Attn: Kristin Siepker 32125 Solon Road Solon, OH 44139	2nd Fee Application - Expenses	6710-000		48.48	361,999.95
09/25/13		UNION BANK	BANK SERVICE FEE	2600-000		668.79	361,331.16
10/01/13	300013	Insurance Partners Agency, Inc. 6190 Cochran Rd., STE E Solon, OH 44139	Chapter 7 Bond Renewal - Chubb	2300-000		640.00	360,691.16
10/25/13		UNION BANK	BANK SERVICE FEE	2600-000		549.96	360,141.20
11/15/13	300014	Treasurer, State of Ohio Ohio Attorney General Mike DeWine Charitable Law Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	EIN: 34-0585740 Twin City Hospital 2012 Annual Report	2820-000		100.00	360,041.20
11/25/13		UNION BANK	BANK SERVICE FEE	2600-000		535.97	359,505.23
12/26/13		UNION BANK	BANK SERVICE FEE	2600-000		517.81	358,987.42
01/27/14		UNION BANK	BANK SERVICE FEE	2600-000		534.18	358,453.24
02/25/14		UNION BANK	BANK SERVICE FEE	2600-000		533.44	357,919.80
03/06/14	300015	SS&G Parkland Consulting LLC 32135 Solon Road Solon, OH 44139	Third Interim Fee Application, July 1 - Dec 31, 2013 - Docket 650	3731-000		15,240.00	342,679.80
03/06/14	300016	SS&G, Inc. Attn: Carol McNerney 301 Springside Dr.	Fifth Interim Fee Application - July 1 - Dec 31, 2013 - Docket 649	3410-000		4,702.72	337,977.08

Page Subtotals 0.00 66,956.35

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 4  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
03/06/14	300017	Akron, OH 44333 Hahn Loeser & Parks, LLP Attn: Christopher Peer, Esq. 200 Public Square, STE 2800 Cleveland, OH 44114	Fifth Interim Fee Application - Docket 648	3210-000		11,714.00	326,263.08
03/06/14	300018	Hahn Loeser & Parks LLP Attn: Christopher Peer, Esq. 200 Public Square, STE 2800 Cleveland, OH 44114	Fifth Interim Fee Application - Docket 648	3220-000		1,353.48	324,909.60
03/25/14		UNION BANK	BANK SERVICE FEE	2600-000		481.11	324,428.49
04/25/14		UNION BANK	BANK SERVICE FEE	2600-000		492.42	323,936.07
05/27/14		UNION BANK	BANK SERVICE FEE	2600-000		466.50	323,469.57
06/25/14		UNION BANK	BANK SERVICE FEE	2600-000		481.35	322,988.22
07/25/14		UNION BANK	BANK SERVICE FEE	2600-000		465.13	322,523.09
08/15/14	300019	Insurance Partners Agency, Inc. 26865 Center Ridge Road Westlake, Ohio 44145	Bond 8215-35-38 -Twin City Hospital	2300-000		640.00	321,883.09
08/25/14		UNION BANK	BANK SERVICE FEE	2600-000		479.90	321,403.19
09/25/14		UNION BANK	BANK SERVICE FEE	2600-000		478.81	320,924.38
10/27/14		UNION BANK	BANK SERVICE FEE	2600-000		462.15	320,462.23
11/10/14	300020	SS&G Inc. 301 Springside Dr. Akron, OH 44333	Sixth Fee Application - Docket 664 - 1/1/14 - 6/30/14	3410-000		1,389.70	319,072.53
11/10/14	300021	SS&G Parkland Consulting LLC 32125 Solon Road Solon, OH 44139	Fourth Fee Application, Docket 663 - 1/1/14 - 6/30/14	3731-000		12,000.00	307,072.53
11/10/14	300022	SS&G Parkland Consulting LLC 32125 Solon Road Solon, OH 44139	Fourth Fee Application, Docket 663 - 1/1/14 - 6/30/14	3732-000		3.00	307,069.53

Page Subtotals 0.00 30,907.55

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 5  
Exhibit 9

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
11/10/14	300023	Hahn Loeser & Parks LLP 200 Public Square, STE 2800 Cleveland, OH 44114	Sixth Fee Application - Docket 662, 1/1/14 - 6/30/14	3210-000		26,601.00	280,468.53
11/10/14	300024	Hahn Loeser & Parks LLP 200 Public Square, STE 2800 Cleveland, OH 44114	Sixth Fee Application, Docket 662, 1/1/14 - 6/30/14	3220-000		304.02	280,164.51
11/11/14	300025	Ohio Attorney General Mike DeWine Charitable Law Section 150 E. Gay Street, 23rd floor Columbus, OH 43215	2013 Tax return - Twin City Hospiotal EIN: 34-0585740	2820-000		100.00	280,064.51
11/25/14		UNION BANK	BANK SERVICE FEE	2600-000		476.88	279,587.63
12/26/14		UNION BANK	BANK SERVICE FEE	2600-000		425.92	279,161.71
06/01/15	300026	Hahn Loeser & Parks, LLP Attn: Rocco Debitetto 200 Public Square, STE 2800 Cleveland, OH 44114	Docket 680 - 2nd half 2014 - fees	3210-000		3,784.00	275,377.71
06/01/15	300027	Hahn Loeser & Parks LLP Attn: Rocco Debitetto 200 Public Square, STE 2800 Cleveland, OH 44114	Docket 680 - 2nd half 2014 Expenses	3220-000		732.52	274,645.19
06/01/15	300028	SS&G Parkland Consulting LLC 32125 Solon Road Solon, OH 44139	Docket 681 - 2nd half 2014	3731-000		11,130.00	263,515.19
06/01/15	300029	Yarger Radel & Pentz, LLC 1111 Superior Ave., STE 530 Cleveland, OH 44114	Docket 682 - Expenses for D&O case	3220-000		1,664.67	261,850.52
06/01/15	300030	SS&G, Inc. Attn: Carol McNerney 301 Springside Dr. Akron, OH 44333	Docket 683 - 2nd half 2014 fees	3410-000		1,803.30	260,047.22

Page Subtotals 0.00 47,022.31

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 6  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/10/15	300031	SS&G, Inc. Attn: Carolyn McNerney 301 Springside Dr. Akron, OH 44333	Expenses-2nd half 2014; Docket 692	3420-000		139.28	259,907.94
08/13/15	300032	Insurance Partners Agency, Inc. 26865 Center Ridge Road Westlake, OH 44145	Policy 82153538 Chubb Insurance Company Bond	2300-000		640.00	259,267.94
11/06/15	300033	Ohio Attorney General Mike DeWine Charitable Law Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	2014 registration - EIN 34-0585740 Twin City Hospital Corporation	2820-000		100.00	259,167.94
* 03/02/16	300034	Hahn Loeser & Parks, LLP Attention: Daniel A. DeMarco, Esq. 200 Public Square, STE 2800 Cleveland, OH 44114	Eighth Interim and Final Fee Application			12,500.00	246,667.94
			Fees 10,000.00	3210-003			
			Expenses 2,500.00	3220-003			
* 03/02/16	300035	BDO USA, LLP Attn: Carol McNerney 301 Springside Dr. Akron, OH 44333	Eighth and Final Fee Application	3410-003		10,000.00	236,667.94
* 03/02/16	300036	BDO USA, LLP P.O. Box 642743 Pittsburgh, PA 15264-2743	First & Final Fee Application	3731-003		30,000.00	206,667.94
* 03/02/16	300037	Ohio Attorney General Mike DeWine Charitable Law Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	2015 & 2016 Registration EIN 34-0585740	2820-003		200.00	206,467.94
* 05/13/16	300034	Hahn Loeser & Parks, LLP Attention: Daniel A. DeMarco, Esq.	VOID			-12,500.00	218,967.94

Page Subtotals 0.00 41,079.28

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 7  
**Exhibit 9**

Case No: 10-64360 -RK  
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Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		200 Public Square, STE 2800 Cleveland, OH 44114					
* 05/13/16	300035	BDO USA, LLP Attn: Carol McNerney 301 Springside Dr. Akron, OH 44333	Fees ( 10,000.00 ) Expenses ( 2,500.00 ) VOID	3210-003 3220-003 3410-003		-10,000.00	228,967.94
* 05/13/16	300036	BDO USA, LLP P.O. Box 642743 Pittsburgh, PA 15264-2743	First & Final Fee Application	3731-003		-30,000.00	258,967.94
* 05/13/16	300037	Ohio Attorney General Mike DeWine Charitable Law Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	2015 & 2016 Registration	2820-003		-200.00	259,167.94
11/02/16	300038	Insurance Partners Agency, Inc. 26865 Center Ridge Road Westlake, OH 44145	Chapter 7 Bond - Twin City Hospital Policy 82153538	2300-000		208.00	258,959.94
11/07/16	300039	Treasurer, State of Ohio Ohio Attorney General Mike DeWine Charitable Law Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	2015 Charitable Registration Twin City Hospital - EIN: 34-0585740	2820-000		100.00	258,859.94
12/21/16	300040	BDO USA, LLP P.O. Box 642743 Pittsburgh, PA 15264-2743	First & Final Fee Application	3731-000		34,000.00	224,859.94
12/21/16	300041	BDO USA, LLP Attn: Mark Mussig 301 Springside Dr. Akron, OH 44333	Eighth and Final Fee Application	3310-000		12,500.00	212,359.94

Page Subtotals 0.00 6,608.00

**FORM 2**  
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Page: 8  
**Exhibit 9**

Case No: 10-64360 -RK  
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Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
12/21/16	300042	Hahn Loeser & Parks, LLP Attn: Daniel A. DeMarco, Esq. 200 Public Square, STE 2800 Cleveland, OH 44114	Eighth and Final Fee Application			13,000.00	199,359.94
			Fees 11,500.00	3210-000			
			Expenses 1,500.00	3220-000			
06/05/17	300043	Mark D. Kozel 32125 Solon Road Solon, OH 44139	Chapter 7 Compensation/Fees	2100-000		56,539.74	142,820.20
06/05/17	300044	United States Trustee HMM US Courthouse 201 Superior Ave., E., STE 441 Cleveland, OH 441141240	Claim 0000000051, Payment 100.000000%	2950-000		6,500.00	136,320.20
06/05/17	300045	Clerk of Courts United States Bankruptcy Court 201 Superior Ave., E. Cleveland, OH 441141240	Claim 000000None, Payment 100.000000%	2700-000		250.00	136,070.20
06/05/17	300046	Treasurer, State of Ohio Ohio Attorney General Mike DeWine CharitableLaw Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	Claim OHTREAS, Payment 100.000000%	2820-000		100.00	135,970.20
06/05/17	300047	OFFICE MAX ATTN: CREDIT DEPT. 263 SHUMANJ BLVD. NAPERVILLE, IL; 605631255	Claim 0000000001, Payment 4.46997%	7100-000		20.94	135,949.26
06/05/17	300048	NEC FINANCIAL SERVICES, LLC 250 PEHLE AVE., STE 309 SADDLE BROOK, NJ 07663	Claim 0000000003, Payment 4.47037%	7100-000		120.70	135,828.56
06/05/17	300049	IMMUCOR INC	Claim 0000000004, Payment 4.46973%	7100-000		20.47	135,808.09

Page Subtotals 0.00 76,551.85

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Page: 9  
**Exhibit 9**

Case No: 10-64360 -RK  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300050	PO BOX 102118 ATLANTA, GA 303682118 SCHINDLER ELEVATOR CORP 1530 TIMBERWOLF DR. HOLLAND, OH 43528	Claim 0000000005, Payment 4.47040%	7100-000		154.99	135,653.10
06/05/17	300051	ROSS SNOW REMOVAL 1507 GOSHEN VALLEY RD SE NEW PHILADELPHIA, OH 44663	Claim 0000000008, Payment 4.47028%	7100-000		405.92	135,247.18
06/05/17	300052	Baxter Healthcare Attn: Gail D'Alesandro DF6/3W 1 Baxter Parkway Deerfield, IL 600154625	Claim 0000000009, Payment 4.47028%	7100-000		5,507.32	129,739.86
* 06/05/17	300053	Medical Staffing Solutions, Inc. 1817 Golden Mile Highway Pittsburgh, PA 15239	Claim 0000000010, Payment 4.47030%	7100-004		77.00	129,662.86
* 06/05/17	300054	Johnson & Johnson c/o Patterson Belknap Webb & Tyler LLP, Attn: David W. Dykhouse, Esq. 1133 Avenue of the Americas New York, NY 100366770	Claim 0000000012, Payment 4.47030%	7100-004		352.17	129,310.69
06/05/17	300055	The Commercial Savings Bank Attn: Steven J. Stiffler 635 West High Avenue New Philadelphia, OH 55663	Claim 0000000013, Payment 4.47028%	7100-000		11,220.72	118,089.97
* 06/05/17	300056	NCS Healthcare of Ohio, LLC c/o Omnicare of Central Ohio 1600 River Center II Covington, KY 41011	Claim 0000000014, Payment 4.47037%	7100-004		120.70	117,969.27
06/05/17	300057	BIOMERIEUX INC 100 RODOLPHE AVE	Claim 0000000016, Payment 4.47021%	7100-000		138.80	117,830.47

Page Subtotals 0.00 17,977.62

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 10  
**Exhibit 9**

Case No: 10-64360 -RK  
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Taxpayer ID No: \*\*\*\*\*5740  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300058	DURHAM, NC 27712 Ohio Department of Job & Family Services Attn: Litigation Unit P.O. Box 182404 Columbus, OH 432182404	Claim 0000000018, Payment 4.47029%	7100-000		7,928.78	109,901.69
06/05/17	300059	COVIDIENKENDALL 15 HAMPSHIRE ST. MANSFIELD, MA 02048	Claim 0000000019, Payment 4.47037%	7100-000		239.08	109,662.61
06/05/17	300060	FISHER HEALTHCARE 2000 PARK LANE 5TH FLOOR CREDIT DEPT PITTSBURGH, PA 15275	Claim 0000000020, Payment 4.47036%	7100-000		172.09	109,490.52
06/05/17	300061	GE Healthcare IITS USA Corp. Michael B. Bach, Authorized Agent c/o DeHaan & Bach, L.P.A 25 Whitney Dr., STE 106 Milford, OH 45150	Claim 0000000023, Payment 4.47027%	7100-000		2,083.69	107,406.83
06/05/17	300062	DENNISON RADIOLOGY SVCS LLC c/o RACHEL L. STEINLAGE; MEYERS, ROMAN, FRIEDBERG & LEWIS 28601 CHAGRIN BLVD., STE 500 CLEVELAND, OH 44122	Claim 0000000024, Payment 4.47029%	7100-000		1,023.07	106,383.76
06/05/17	300063	BRICKER & ECKLER LLP 100 S 3RD ST COLUMBUS, OH 432154291	Claim 0000000025, Payment 4.47035%	7100-000		185.24	106,198.52
06/05/17	300064	ADT SECURITY SERVICES INC 14200 E. Exposition Ave. Aurora, CO 80012	Claim 0000000027, Payment 4.47028%	7100-000		350.05	105,848.47
06/05/17	300065	3M COMPANY Remittance Processing	Claim 0000000028, Payment 4.47024%	7100-000		274.95	105,573.52
Page Subtotals					0.00	12,256.95	

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 11  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300066	3M Center Bldg., 2245N42 St. Paul, MN 551441000 BIORAD LABORATORIES INC 1000 ALFRED NOBEL DR. HERCULES, CA 94547	Claim 0000000029, Payment 4.47022%	7100-000		156.87	105,416.65
06/05/17	300067	Department of Treasury Internal Revenue Service P.O. Box 7317 Philadelphia, PA 19101-7317	Claim 000000002B, Payment 4.47017%	7300-000		174.40	105,242.25
06/05/17	300068	Alere North America, Inc. FKA: Inverness Medical Profession 30 S. Keller Rd., STE 100 Orlando, FL 32810	Claim 0000000030, Payment 4.47070%	7100-000		32.54	105,209.71
06/05/17	300069	VERIZON WIRELESS PO BOX 3397 BLOOMINGTON, IL 61702	Claim 0000000032, Payment 4.47069%	7100-000		36.91	105,172.80
06/05/17	300070	QUEST DIAGNOSTICS 14225 NEWBROOK DRIVE CHANTILLY, VA 20153	Claim 0000000033, Payment 4.47029%	7100-000		3,366.71	101,806.09
06/05/17	300071	BIOMET BIOLOGICS ATTN SHERRI MORISSETTE, ESQ. 56 E. BELL DR P.O. BOX 587 WARSAW, IN 465810587	Claim 0000000034, Payment 4.47025%	7100-000		149.53	101,656.56
06/05/17	300072	TRICARE Management Activity 16401 E. Centretch Parkway Aurora, CO 80011	Claim 0000000035, Payment 4.46906%	7100-000		5.85	101,650.71
06/05/17	300073	HOSPITALIST GROUP OF OHIO LLC ROBERT A. SIDLOSKI CO., LPA 25047 LORAIN RD.	Claim 0000000037, Payment 4.47028%	7100-000		3,552.98	98,097.73

Page Subtotals 0.00 7,475.79

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 12  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
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Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300074	NORTH OLMSTEAD, OH 44070 CARDINAL HEALTH 200 LLC ATTN: DEBRA WILLET 7000 CARDINAL PLACE DUBLIN, OH 43017	Claim 0000000043, Payment 4.47027%	7100-000		252.66	97,845.07
06/05/17	300075	CARDINAL HEALTH 414 LLC ATTN: DEBRA WILLET 7000 CARDINAL PLACE DUBLIN, OH 43017	Claim 0000000044, Payment 4.47028%	7100-000		485.81	97,359.26
06/05/17	300076	Ohio Department of Job & Family Services attn: Cheryl A. Wear; Ohio Attorney General, Collections Enforcement Section 615 W. Superior Ave., 11th Floor Cleveland, OH 44113	Claim 0000000045, Payment 4.47028%	7100-000		5,853.01	91,506.25
06/05/17	300077	AMERICAN HEALTHCARE SOLUTIONS 1701 KENNETH AVE ARNOLD, PA 15068	Claim 0000000046, Payment 4.47028%	7100-000		7,984.99	83,521.26
06/05/17	300078	KING'S MEDICAL COMPANY 1920A GEORGETOWN RD. HUDSON, OH 44236	Claim 0000000047, Payment 4.47028%	7100-000		18,140.57	65,380.69
06/05/17	300079	SLEEPMED, INC. 700 GERVAIS ST., STE 200 COLUMBIA, SC 29201	Claim 0000000048, Payment 4.47028%	7100-000		4,780.28	60,600.41
06/05/17	300080	General Electric Capital Corporation c/o GE Healthcare Financial Services 20225 Watertower Blvd., STE 100 Brookefield, WI 53045	Claim 0000000050, Payment 4.47024%	7100-000		546.76	60,053.65
06/05/17	300081	INDEPENDENCE BUSINESS SUPPLY 4550 HICKLEY PARKWAY CLEVELAND, OH 441096010	Claim 0000000052, Payment 4.47044%	7100-000		104.07	59,949.58

Page Subtotals 0.00 38,148.15

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 13  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300082	AMERICAN ELECTRIC POWER PO BOX 2021 ROANOKE, VA 240222121	Claim 0000000053, Payment 4.47033%	7100-000		220.29	59,729.29
06/05/17	300083	DIVERSIFIED MEDICAL ALLIANCE 1409 CHESTNUT STREET KENOVA, WV 25530	Claim 0000000055, Payment 4.47059%	7100-000		24.32	59,704.97
06/05/17	300084	STERICYCLE INC 4010 COMMERCIAL AVE. NORTHBROOK, IL 60062	Claim 0000000056, Payment 4.47036%	7100-000		264.53	59,440.44
* 06/05/17	300085	ARIZANT HEALTHCARE INC PO BOX 845450 DALLAS, TX 752845450	Claim 0000000057, Payment 4.47348%	7100-004		5.82	59,434.62
06/05/17	300086	UNIPOWER CORPORATION 1157 VALLEY PARK DR., STE 150 SHAKOPEE, MN 55379	Claim 0000000058, Payment 4.47082%	7100-000		18.95	59,415.67
06/05/17	300087	HEALTH CARE LOGISTICS INC PO BOX 25 CIRCLEVILLE, OH 431130025	Claim 0000000059, Payment 4.46860%	7100-000		25.24	59,390.43
06/05/17	300088	QUEST MEDICAL PO BOX 1287 BROCKTON, MA 02303	Claim 0000000061, Payment 4.47026%	7100-000		10.16	59,380.27
06/05/17	300089	STAFF CARE, INC. C/O LEGAL DEPARTMENT 12400 HIGH BLUFF DR. SAN DIEGO, CA 92111	Claim 0000000064, Payment 4.47027%	7100-000		1,411.37	57,968.90
06/05/17	300090	LIFE SHARE 105 CLEVELAND ST. ELYRIA, OH 44035	Claim 0000000067, Payment 4.47029%	7100-000		738.85	57,230.05
06/05/17	300091	BSN MEDICAL 5825 CARNEGIE BLVD.	Claim 0000000068, Payment 4.47184%	7100-000		12.26	57,217.79

Page Subtotals 0.00 2,731.79

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 14  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300092	CHARLOTTE, NC 28209 CONMED CORPORATION 525 FRENCH RD. UTICA, NY 13502	Claim 0000000070, Payment 4.46937%	7100-000		34.23	57,183.56
06/05/17	300093	NETWORK SERVICES 1000 E. WOODFIELD RD., STE 200 SCHAUMBURG, IL 60173	Claim 0000000071, Payment 4.47036%	7100-000		196.55	56,987.01
* 06/05/17	300094	COMPREHENSIVE PRACTICE RESOURCE 1640 CORPORATE WOODS CIRCLE UNIONTOWN, OH 44685	Claim 0000000074, Payment 4.47077%	7100-004		43.59	56,943.42
06/05/17	300095	BLOOM'S PRINTING 4792 N 4TH ST EXT SE DENNISON, OH 44621	Claim 0000000075, Payment 4.47028%	7100-000		852.88	56,090.54
06/05/17	300096	LEMAITRE VASCULAR INC 63 SECOND AVE BURLINGTON, MA 01803	Claim 0000000076, Payment 4.47013%	7100-000		44.97	56,045.57
06/05/17	300097	THE ST. JOHNS COMPANIES 25167 ANZA DR. VASLENCIA, CA 91355	Claim 0000000077, Payment 4.47038%	7100-000		143.91	55,901.66
06/05/17	300098	ARTHROCARE MEDICAL CORP ATTN: LEGAL DEPT. 7000 W. WILLIAM CANNON DR., BLDG 1 AUSTIN, TX 78735	Claim 0000000078, Payment 4.47027%	7100-000		185.27	55,716.39
06/05/17	300099	Interim HealthCare of Zanesville, Inc. c/o Ray P. Drexel, Gamble Hartshorn, LLC One East Livingston Ave. Columbus, OH 43215	Claim 0000000079, Payment 4.46979%	7100-000		42.91	55,673.48
06/05/17	300100	TCF Equipment Finance Inc. c/o Michael Springer 11100 Wayzata Blvd., STE 801	Claim 0000000081, Payment 4.47028%	7100-000		4,132.98	51,540.50

Page Subtotals 0.00 5,677.29

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 15  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300101	Minnetonka, MN 55305 DOVER ORTHOPAEDIC CENTER INC 205 HOSPITAL DRIVE DOVER, OH 44622	Claim 0000000082, Payment 4.47029%	7100-000		1,564.60	49,975.90
06/05/17	300102	KEYSTONE HEALTHCARE NORTHERN CRESCENT CENTER 6075 POPLAR AVENUE SUITE 727 MEMPHIS, TN 38119	Claim 0000000084, Payment 4.47029%	7100-000		3,511.55	46,464.35
06/05/17	300103	Aultcare Attn: Paul J. Pusateri P.O. Box 35459 Canton, OH 447355459	Claim 0000000092, Payment 4.47029%	7100-000		3,520.35	42,944.00
06/05/17	300104	GE Healthcare Financial Services c/o General Electric Capital Corporation Three Capital Dr. Mail Stop 13B Eden Prairie, MN 55344	Claim 00000000D2, Payment 4.47028%	7100-000		3,417.28	39,526.72
* 06/05/17	300105	Wells Fargo Equipment Finance, Inc. 733 Marquette Ave., STE 300 Minneapolis, MN 55402	Claim 00000000D7, Payment 4.47029%	7100-004		723.46	38,803.26
06/05/17	300106	ACCLARENT DEPT CH 17955 PALATINE, IL 600557955	Claim 00000000F3, Payment 4.47028%	7100-000		633.28	38,169.98
06/05/17	300107	ACCESS RN 5550 W CENTRAL AVE SUITE B TOLEDO, OH 43615	Claim 00000000F4, Payment 4.46992%	7100-000		54.98	38,115.00
* 06/05/17	300108	AGAPE INSTRUMENT 171 CONTAINER PLACE CINCINNATI, OH 45246	Claim 00000000F6, Payment 4.47135%	7100-004		17.17	38,097.83

Page Subtotals 0.00 13,442.67

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 16  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 06/05/17	300109	AGHOG/PITTSBURGH CO. INC 420 ASHWOOD ROAD DARLINGTON, PA 16115	Claim 00000000F7, Payment 4.46923%	7100-004		17.43	38,080.40
* 06/05/17	300110	AGILITY THERAPY 2692 MOMENTUM PLACE CHICAGO, IL 606895326	Claim 00000000F8, Payment 4.47037%	7100-004		274.02	37,806.38
06/05/17	300111	Ohio Bureau of Workers' Compensation P.O. Box 15567 Columbus, OH 432150567	Claim 0000000021B, Payment 4.47030%	7100-000		596.72	37,209.66
06/05/17	300112	Ohio Department of Job & Family Services c/o Lucas Ward, Asst Atty Gen'l; Collections Enforcement Section 150 E. Gay St, 21st Floor Columbus, OH 43215	Claim 0000000090B, Payment 4.47028%	7100-000		5,029.75	32,179.91
06/05/17	300113	ALLIED INFOTECH CORP 47 N CASE AVE AKRON, OH 44305	Claim 00000000F11, Payment 4.47037%	7100-000		158.69	32,021.22
06/05/17	300114	ALLSCRIPTS 24630 NETWORK PLACE CHICAGO, IL 606731246	Claim 00000000F12, Payment 4.47025%	7100-000		164.55	31,856.67
06/05/17	300115	ALPHA IMAGING INC 4455 GLENBROOK ROAD WILLOUGHBY, OH 44094	Claim 00000000F13, Payment 4.47030%	7100-000		265.68	31,590.99
06/05/17	300116	AMS SALES CORP PO BOX 72476586 PHILADELPHIA, PA 19170 6586	Claim 00000000F16, Payment 4.47015%	7100-000		149.75	31,441.24
06/05/17	300117	ARNETT & FOSTER PO BOX 2629 CHARLESTON, WV 25329	Claim 00000000F18, Payment 4.47029%	7100-000		5,407.80	26,033.44
06/05/17	300118	ARROW INTERNATIONAL INC	Claim 00000000F19, Payment 4.47095%	7100-000		20.13	26,013.31

Page Subtotals 0.00 12,084.52

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 17  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300119	PO BOX 8500S9060 PHILADELPHIA, PA 19178 9060	Claim 0000000F21, Payment 4.47022%	7100-000		88.78	25,924.53
* 06/05/17	300120	AT&T PO BOX 8100 AURORA, IL 605078100	Claim 0000000F23, Payment 4.47053%	7100-004		40.30	25,884.23
06/05/17	300121	BARKETT FRUIT COMPANY 205 DEEDS DRIVE DOVER, OH 44622	Claim 0000000F30, Payment 4.46984%	7100-000		19.40	25,864.83
06/05/17	300122	BOARDMAN MEDICAL 300 N STATE STREET GIRARD, OH 44420	Claim 0000000F31, Payment 4.47017%	7100-000		107.91	25,756.92
06/05/17	300123	BOSTON SCIENTIFIC CORP PO BOX 951653 DALLAS, TX 753951653	Claim 0000000F32, Payment 4.47028%	7100-000		175.10	25,581.82
* 06/05/17	300124	BRACCO DIAGNOSTICS INC PO BOX 532411 CHARLOTTE, NC 282902411	Claim 0000000F36, Payment 4.47111%	7100-004		20.12	25,561.70
* 06/05/17	300125	BURCO INTERNATIONAL PO BOX 3139 ASHEVILLE, NC 28802	Claim 0000000F37, Payment 4.46970%	7100-004		14.75	25,546.95
06/05/17	300126	CARDIAC SCIENCE PO BOX 120587 DEPT 0587 DALLAS, TX 753120587	Claim 0000000F41, Payment 4.47020%	7100-000		72.90	25,474.05
* 06/05/17	300127	CARE EXPRESS PRODUCTS 317 CARY POINT DR CARY, IL 60013	Claim 0000000F42, Payment 4.47029%	7100-004		810.12	24,663.93
		CAREFUSION SOLUTIONS LLC 1952 SOLUTIONS CENTER LOCKBOX #771952					

Page Subtotals 0.00 1,349.38

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 18  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
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Taxpayer ID No: \*\*\*\*\*5740  
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Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300128	CHICAGO, IL 606771009 CENTURA XRAY 4381 RENAISSANCE PARKWAY CLEVELAND, OH 44128	Claim 0000000F43, Payment 4.47024%	7100-000		171.97	24,491.96
06/05/17	300129	CINTAS CORPORATION #316 PO BOX 2280 NORHT CANTON, OH 44720	Claim 0000000F44, Payment 4.47114%	7100-000		7.11	24,484.85
* 06/05/17	300130	CMS COMMUNICATIONS PO BOX 790051 ST LOUIS, MO 631790051	Claim 0000000F45, Payment 4.46993%	7100-004		51.25	24,433.60
* 06/05/17	300131	COMMUNITY MEMORIAL HOSPITAL 660 ACLERMAN RD., ROOM 601 F PO BOX 183110 COLUMBUS, OH 432183110	Claim 0000000F46, Payment 4.47000%	7100-004		67.05	24,366.55
* 06/05/17	300132	CONCEPTUS INC PO BOX 39000 DEPT 33513 SAN FRANCISCO, CA 94139	Claim 0000000F48, Payment 4.47039%	7100-004		138.89	24,227.66
06/05/17	300133	COOK MEDICAL INCORPORATED 22988 NETWORK PLACE CHICAGO, IL 606731229	Claim 0000000F50, Payment 4.47025%	7100-000		26.91	24,200.75
06/05/17	300134	COOPER SURGICAL PO BOX 712280 CINCINNATI, OH 452712280	Claim 0000000F51, Payment 4.47011%	7100-000		105.28	24,095.47
06/05/17	300135	COPYRIGHT INC 4880 HILLS & DALES ROAD NW CANTON, OH 44708	Claim 0000000F52, Payment 4.47034%	7100-000		204.36	23,891.11
06/05/17	300136	CRYSTAL SPRING WATER COMPANY 1109 BOWERS AVE NW SUITE B NEW PHILA, OH 44663	Claim 0000000F56, Payment 4.46912%	7100-000		5.03	23,886.08

Page Subtotals 0.00 777.85

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 19  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
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Blanket Bond (per case limit):  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300137	CULLIGAN OF DOVER OHIO PO BOX 277 809 BLVD DOVER, OH 44622	Claim 0000000F57, Payment 4.47094%	7100-000		19.31	23,866.77
06/05/17	300138	CUMMINS BRIDGEWAY 4494 SOLUTIONS CENTER #774494 CHICAGO, IL 606774004	Claim 0000000F58, Payment 4.46982%	7100-000		33.47	23,833.30
06/05/17	300139	DAIRY ENTERPRISES INCORP. PO BOX 87 ORRVILLE, OH 44667	Claim 0000000F59, Payment 4.47062%	7100-000		79.24	23,754.06
* 06/05/17	300140	DANCO MEDICAL SYSTEMS 6920 PETERS ROAD TIPP CITY, OH 45371	Claim 0000000F60, Payment 4.47067%	7100-004		44.92	23,709.14
* 06/05/17	300141	DATE IMAGE HOPEWELL LLC 2345 GRATIOT ROAD NEWARK, OH 43055	Claim 0000000F61, Payment 4.47026%	7100-004		542.32	23,166.82
06/05/17	300142	DOMINION EAST OHIO PO BOX 26785 RICHMOND, VA 232616785	Claim 0000000F65, Payment 4.47029%	7100-000		250.34	22,916.48
* 06/05/17	300143	EBSCO PO BOX 830460 BIRMINGHAM, AL 35283	Claim 0000000F68, Payment 4.46800%	7100-004		8.26	22,908.22
06/05/17	300144	EMDEON BUSINESS SERVICES 13093 COLLECTIONS CENTER DRIVE CHICAGO, IL 606930001	Claim 0000000F70, Payment 4.47030%	7100-000		837.46	22,070.76
06/05/17	300145	EMERGENCY RADIOLOGY SERVICES 166 E 4TH ST ST PAUL, MN 55101	Claim 0000000F71, Payment 4.47030%	7100-000		447.03	21,623.73
* 06/05/17	300146	FEDERATION OF STATE MEDICAL BOARDS OF	Claim 0000000F73, Payment 4.47024%	7100-004		7.51	21,616.22

Page Subtotals 0.00 2,269.86

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 20  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
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Blanket Bond (per case limit):  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300147	THE U.S. ATTN WHOLESALE LOCKBOX BAQFSMB PO BOX 970899 DALLAS, TX 753970899	Claim 0000000F74, Payment 4.46790%	7100-000		6.52	21,609.70
06/05/17	300148	FEDEX PO BOX 371461 PITTSBURGH, PA 152507461	Claim 0000000F76, Payment 4.47030%	7100-000		188.87	21,420.83
* 06/05/17	300149	FORTEC MEDICAL PO BOX 951147 CLEVELAND, OH 44193	Claim 0000000F77, Payment 4.47080%	7100-004		36.07	21,384.76
06/05/17	300150	FRONTIER PO BOX 2951 PHOENIX, AZ 850622951	Claim 0000000F79, Payment 4.47059%	7100-000		58.52	21,326.24
* 06/05/17	300151	GLOBALLAB SOLUTIONS INC 1100 S MINT ST., STE 115 CHARLOTTE, NC 28203	Claim 0000000F80, Payment 4.46962%	7100-004		40.67	21,285.57
06/05/17	300152	GREAT AMERICAN LEASING COMPANY 8742 INNOVATION WAY CHICAGO, IL 606820087	Claim 0000000F81, Payment 4.47021%	7100-000		69.02	21,216.55
* 06/05/17	300153	GREEN ACRES LAWN & LANDSCAPE 2705 CROOKED RUN RD NW NEW PHILADELPHIA, OH 44663	Claim 0000000F82, Payment 4.47024%	7100-004		300.34	20,916.21
06/05/17	300154	GYRUS ACMI PO BOX 120166 DEPT 0166 DALLAS, TX 753120166	Claim 0000000F83, Payment 4.47021%	7100-000		86.36	20,829.85
* 06/05/17	300155	H C LOBALZO & SONS 61 N CLEVELAND MASSILLON ROAD AKRON, OH 44333	Claim 0000000F85, Payment 4.47045%	7100-004		55.78	20,774.07
		HARCOURT ASSESSMENT INC					

Page Subtotals 0.00 842.15

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 21  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300156	PO BOX 0855 CAROL STREAM, IL 06132 0855 HEIN CONSTRUCTION INC 2104 FAIRCREST SW CANTON, OH 44706	Claim 0000000F87, Payment 4.47027%	7100-000		98.48	20,675.59
06/05/17	300157	HOLOGIC INC P.O.BOX 26216 NEW YORK, NY 100876216	Claim 0000000F88, Payment 4.47027%	7100-000		215.02	20,460.57
* 06/05/17	300158	HORTY SPRINGER SEMINARS 4614 5TH AVENUE PITTSBURG, PA 15213	Claim 0000000F89, Payment 4.47071%	7100-004		22.13	20,438.44
06/05/17	300159	I.E.H.A. INC 1001 EASTWIND DRIVE SUITE 301 WESTERVILLE, OH 43081 3361	Claim 0000000F92, Payment 4.47241%	7100-000		12.97	20,425.47
06/05/17	300160	INTERGRA 311 ENTERPRISE DRIVE PLAINSBORO, NJ 08536	Claim 0000000F95, Payment 4.46995%	7100-000		64.72	20,360.75
06/05/17	300161	INVESTMENT PARTNERS, LTD. 419 WEST HIGH AVENUE P.O. BOX 309 NEW PHILADELPHIA, OH 44663	Claim 0000000F97, Payment 4.46857%	7100-000		7.82	20,352.93
06/05/17	300162	J & J Refuse P.O. BOX 309 Dover, OH 44622	Claim 0000000F98, Payment 4.47119%	7100-000		32.65	20,320.28
06/05/17	300163	JONESZYLON PO BOX 149 WEST LAFAYETTE, OH 43845	Claim 0000000F100, Payment 4.46927%	7100-000		15.36	20,304.92
* 06/05/17	300164	KAMED 4645 WESTERVILLE RD SUITE C COLUMBUS, OH 43231	Claim 0000000F101, Payment 4.46857%	7100-004		7.82	20,297.10

Page Subtotals 0.00 476.97

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 22  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
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Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 06/05/17	300165	KATZ BRUNNER HEALTHCARE 4726A PARK ROAD CHARLOTTE, NC 28209	Claim 000000F102, Payment 4.47049%	7100-004		159.82	20,137.28
06/05/17	300166	KFORCE PO BOX 277997 ATLANTA, GA 303847997	Claim 000000F105, Payment 4.47039%	7100-000		67.19	20,070.09
06/05/17	300167	KNAB MEDICAL ASSOCIATES 2315 SCIOTO HARPER DRIVE COLUMBUS, OH 432043495	Claim 000000F107, Payment 4.47018%	7100-000		48.10	20,021.99
06/05/17	300168	LABORATORY SUPPLY COMPANY 250 OTTAWA AVENUE LOUISVILLE, KY 40209	Claim 000000F108, Payment 4.47023%	7100-000		270.88	19,751.11
06/05/17	300169	LANDAUER INC PO BOX 809051 CHICAGO, IL 606809051	Claim 000000F110, Payment 4.47020%	7100-000		70.71	19,680.40
06/05/17	300170	LIPPINCOTT WILLIAMS & WILKINS PO BOX 1610 HAGERSTOWN, MD 21741 1610	Claim 000000F114, Payment 4.47100%	7100-000		12.31	19,668.09
* 06/05/17	300171	MCAFEЕ PO BOX 60157 LOS ANGELES, CA 90060 0157	Claim 000000F116, Payment 4.47063%	7100-004		56.33	19,611.76
06/05/17	300172	MEDICAL PHYSICS SERVICES INC 5942 EASY PACE CIRCLE NW CANTON, OH 44718	Claim 000000F118, Payment 4.47035%	7100-000		279.71	19,332.05
* 06/05/17	300173	MEDSERV PLUS INC PO BOX 411 TWINSBURG, OH 44087	Claim 000000F120, Payment 4.47023%	7100-004		31.01	19,301.04
06/05/17	300174	MEDTRONICS USA INC 4642 COLLECTION CENTER DRIVE CHICAGO, IL 60693	Claim 000000F121, Payment 4.47059%	7100-000		8.36	19,292.68

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**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 23  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300175	MERCEDES MEDICAL INC PO BOX 850001 ORLANDO, FL 328850123	Claim 000000F122, Payment 4.46991%	7100-000		11.35	19,281.33
06/05/17	300176	MERCY MEDICAL CENTER PO BOX 951082 CLEVELAND, OH 44193	Claim 000000F123, Payment 4.47028%	7100-000		2,461.65	16,819.68
06/05/17	300177	MERY XRAY PO BOX 8004 MENTOR, OH 440618004	Claim 000000F124, Payment 4.47000%	7100-000		43.27	16,776.41
06/05/17	300178	MGMA PO BOX 17603 DENVER, CO 802170603	Claim 000000F125, Payment 4.47123%	7100-000		16.32	16,760.09
06/05/17	300179	MIDAMERICA BUSINESS SYSTEMS 810 BUSCH COURT COLUMBUS, OH 43229	Claim 000000F126, Payment 4.47034%	7100-000		28.54	16,731.55
06/05/17	300180	MILLIPORE CORPORATION 2736 PAYSPHERE CIRCLE CHICAGO, IL 60674	Claim 000000F128, Payment 4.47017%	7100-000		138.62	16,592.93
06/05/17	300181	MOORE MEDICAL CORP PO BOX 99718 CHICAGO, IL 60690	Claim 000000F130, Payment 4.47050%	7100-000		65.34	16,527.59
* 06/05/17	300182	MX LOGIC PO BOX 60157 LOS ANGELES, CA 90060 0157	Claim 000000F131, Payment 4.46984%	7100-004		28.16	16,499.43
* 06/05/17	300183	NATIONWIDE RETIREMENT DEPARTMENT 3248 COLUMBUS, OH 432713248	Claim 000000F132, Payment 4.47003%	7100-004		70.09	16,429.34
06/05/17	300184	NEOPOST INC, PO BOX 45840 SAN FRANCISCO, CA 94145 0800	Claim 000000F134, Payment 4.47020%	7100-000		165.88	16,263.46

Page Subtotals 0.00 3,029.22

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 24  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
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Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300185	NICKLES BAKERY PO BOX 30 NAVARRE, OH 44662	Claim 000000F136, Payment 4.47085%	7100-000		36.01	16,227.45
* 06/05/17	300186	NIGHTHAWK RADIOLOGY PO BOX 673398 DETROIT, MI 482673398	Claim 000000F137, Payment 4.47028%	7100-004		2,982.93	13,244.52
06/05/17	300187	NORTHEAST MEDICAL CONSULTING 57 W LIBERTY STREET HUBBARD, OH 44425	Claim 000000F138, Payment 4.47077%	7100-000		43.59	13,200.93
06/05/17	300188	NOVARTIS VACCINES PO BOX 822746 PHILADELPHIA, PA 19182 2746	Claim 000000F139, Payment 4.47030%	7100-000		1,106.40	12,094.53
* 06/05/17	300189	NUTRITION MANAGEMENT SYSTEMS 102 MAIN STREET, STE 20 WADSWORTH, OH 44281	Claim 000000F140, Payment 4.47043%	7100-004		34.64	12,059.89
* 06/05/17	300190	OCE IMAGISTICS INC 100 OAKVIEW DRIVE TRUMBULL, CT 066114724	Claim 000000F141, Payment 4.46792%	7100-004		5.71	12,054.18
06/05/17	300191	OFFICE DEPOT PO BOX 633211 CINCINATTI, OH 452633211	Claim 000000F142, Payment 4.47020%	7100-000		144.62	11,909.56
* 06/05/17	300192	OHAINSURANCE SOLUTIONS 155 EAST BROAD ST., 2ND FLOOR COLUMBUS, OH 432153619	Claim 000000F144, Payment 4.47005%	7100-004		34.33	11,875.23
06/05/17	300193	OHIC INSURANCE 185 GREENWOOD ROAD PO BOX 3300 NAPA, CA 945580030	Claim 000000F145, Payment 4.47028%	7100-000		2,057.52	9,817.71
06/05/17	300194	OHIO HOSPITAL ASSOCIATION 155 EAST BROAD STREET 15TH FLOOR	Claim 000000F146, Payment 4.47029%	7100-000		918.60	8,899.11

Page Subtotals 0.00 7,364.35

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 25  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300195	COLUMBUS, OH 43215 OHIO STATE HEALTH NETWORK 660 ACKERMAN ROAD ROOM 601F PO BOX 183110 COLUMBUS, OH 43218	Claim 000000F147, Payment 4.47031%	7100-000		462.23	8,436.88
06/05/17	300196	OLYMPUS PO BOX 200194 PITTSBURGH, PA 152510194	Claim 000000F148, Payment 4.47025%	7100-000		64.68	8,372.20
06/05/17	300197	ORGANOGENESIS INC 75 REMITTANCE DRIVE SUITE 6694 CHICAGO, IL 606756694	Claim 000000F149, Payment 4.47001%	7100-000		64.10	8,308.10
06/05/17	300198	OSTEOMED LP 2241 COLLECTION CENTER DRIVE CHICAGO, IL 60693	Claim 000000F150, Payment 4.47071%	7100-000		44.26	8,263.84
* 06/05/17	300199	OUR TOWN COMPANY PO BOX 355 NASHVILLE, OH 44661	Claim 000000F151, Payment 4.46842%	7100-004		8.49	8,255.35
06/05/17	300200	PARTS SOURCE LLC 777 LENA DRIVE AURORA, OH 442028025	Claim 000000F154, Payment 4.47042%	7100-000		38.67	8,216.68
* 06/05/17	300201	PEARSON PO BOX 0855 CAROL STREAM, IL 60132 0855	Claim 000000F155, Payment 4.47067%	7100-004		46.11	8,170.57
06/05/17	300202	PEPSI COLA PO BOX 75948 CHICAGO, IL 606755948	Claim 000000F156, Payment 4.46933%	7100-000		19.32	8,151.25
06/05/17	300203	POCKET FULL OF THERAPY PO BOX 217 MORGANVILLE, NJ 07751	Claim 000000F158, Payment 4.46852%	7100-000		9.61	8,141.64
* 06/05/17	300204	POSSITIVITY	Claim 000000F160, Payment 4.47032%	7100-004		6.68	8,134.96

Page Subtotals 0.00 764.15

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 26  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 06/05/17	300205	4860 BLAZER PARKWAY DUBLIN, OH 43017 PRACTICE LINK LTD PO BOX 100 HINTON, WV 259510100	Claim 000000F161, Payment 4.47059%	7100-004		102.60	8,032.36
06/05/17	300206	PREFERRED MEDICAL MARKETING 15720 JOHN J. DELANEY DR., STE 460 CHARLOTTE, NC 28277	Claim 000000F162, Payment 4.47029%	7100-000		156.46	7,875.90
06/05/17	300207	PROGRESSIVE BUSINESS 370 TECHNOLOGY DRIVE PO BOX 3019 MALVERN, PA 19355	Claim 000000F163, Payment 4.47157%	7100-000		13.37	7,862.53
* 06/05/17	300208	PRUDENT PUBLISHING PO BOX 360 RIDGEFIELD PARK, NJ 07660	Claim 000000F164, Payment 4.47159%	7100-004		12.41	7,850.12
06/05/17	300209	QUADAX 3690 ORANGE PLACE, STE 270 BEACHWOOD, OH 44122 4438	Claim 000000F165, Payment 4.47028%	7100-000		351.40	7,498.72
* 06/05/17	300210	RESPIRONICS PO BOX 640817 PITTSBURGH, PA 152640817	Claim 000000F171, Payment 4.47077%	7100-004		14.53	7,484.19
* 06/05/17	300211	ROCHE DIAGNOSTCS CORP PO BOX 120243 DEPT 0243 DALLAS, TX 753120243	Claim 000000F172, Payment 4.47039%	7100-004		66.48	7,417.71
06/05/17	300212	SAMMONS PRESTON PO BOX 93040 CHICAGO, IL 606733040	Claim 000000F174, Payment 4.46984%	7100-000		23.94	7,393.77
06/05/17	300213	SENORX, INC PO BOX 200189	Claim 000000F176, Payment 4.47028%	7100-000		39.79	7,353.98

Page Subtotals 0.00 780.98

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 27  
**Exhibit 9**

Case No: 10-64360 -RK  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300214	PITTSBURGH, PA 152510189 SERVICE STATION EQUIPMENT PO BOX 74425 CLEVELAND, OH 44194	Claim 000000F177, Payment 4.47104%	7100-000		23.16	7,330.82
06/05/17	300215	SHREDIT OF AKRON INC 8971 DUTTON DRIVE TWINSBURG, OH 44087	Claim 000000F178, Payment 4.47033%	7100-000		133.54	7,197.28
06/05/17	300216	SHREDIT OF AKRON INC 8971 DUTTON DRIVE TWINSBURG, OH 44087	Claim 000000F179, Payment 4.47033%	7100-000		133.54	7,063.74
* 06/05/17	300217	SHOCKWAVE SPECIALISTS PO BOX 1476 HUDSON, OH 44236	Claim 000000F180, Payment 4.47000%	7100-004		58.11	7,005.63
06/05/17	300218	SMITH & NEPHEW ENDOSCOPY PO BOX 905706 CHARLOTTE, NC 282905706	Claim 000000F184, Payment 4.47005%	7100-000		30.18	6,975.45
* 06/05/17	300219	SMITHS MEDICAL ASD INC PO BOX 8500 LOCK BOX 5155 PHILADELPHIA, PA 19178 5155	Claim 000000F185, Payment 4.47050%	7100-004		31.07	6,944.38
06/05/17	300220	SOURCEONE HEALTHCARE TECH 8020 TYLER BLVD PO BOX 8004 MENTOR, OH 440618004	Claim 000000F186, Payment 4.47062%	7100-000		13.55	6,930.83
06/05/17	300221	STEPHENSON, STEPHENSON, & CARROTHERS 206 W HIGH AVE PO BOX 992 NEW PHILADELPHIA, OH 44663	Claim 000000F190, Payment 4.47030%	7100-000		980.37	5,950.46
06/05/17	300222	SUMAYYA AHMED 335 OXFORD ST., STE C	Claim 000000F193, Payment 4.46901%	7100-000		26.68	5,923.78

Page Subtotals 0.00 1,430.20

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Page: 28  
**Exhibit 9**

Case No: 10-64360 -RK  
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Trustee Name: Mark D. Kozel  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300223	DOVER, OH 44622 TCI DATA SOLUTIONS P.O. BOX 1551 AKRON, OH 44309	Claim 000000F195, Payment 4.46851%	7100-000		9.45	5,914.33
* 06/05/17	300224	TELEPAGE COMMUNICATION SYSTEM 900 GRAND CENTRAL AVE., STE 2 VIENNA, WV 26105	Claim 000000F197, Payment 4.47295%	7100-004		10.46	5,903.87
* 06/05/17	300225	TELERITE CORP PO BOX 61018 NEW ORLEANS, LA 70161 1018	Claim 000000F198, Payment 4.46994%	7100-004		41.03	5,862.84
* 06/05/17	300226	THE SAGE GROUP 106 BEAVER CREEK COURT SEWICKLEY, PA 15143	Claim 000000F199, Payment 4.47196%	7100-004		9.57	5,853.27
* 06/05/17	300227	TIMES REPORTER PO BOX 4571 BUFFALO, NY 142404571	Claim 000000F201, Payment 4.47024%	7100-004		102.61	5,750.66
06/05/17	300228	TKE CORP PO BOX 933004 ATLANTA, GA 311933004	Claim 000000F202, Payment 4.47029%	7100-000		191.48	5,559.18
06/05/17	300229	TOSHIBA AMERICA MEDICAL SYSTEMS PO BOX 91605 CHICAGO, IL 60693	Claim 000000F203, Payment 4.47029%	7100-000		1,811.05	3,748.13
06/05/17	300230	TRISTATE HOSPITAL SUPPLY PO BOX 170 HOWELL, MI 48843	Claim 000000F204, Payment 4.46941%	7100-000		11.14	3,736.99
06/05/17	300231	TUSCARAWAS COUNTY HEALTH DEPT 897 E IRON AVE PO BOX 443 DOVER, OH 44622	Claim 000000F205, Payment 4.47035%	7100-000		78.79	3,658.20
06/05/17	300232	TUSCARAWAS COUNTY OB/GYN	Claim 000000F206, Payment 4.47033%	7100-000		134.11	3,524.09

Page Subtotals 0.00 2,399.69

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Page: 29  
**Exhibit 9**

Case No: 10-64360 -RK  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300233	200 MEDICAL PARK DRIVE SUITE B DOVER, OH 44622	Claim 000000F207, Payment 4.47033%	7100-000		101.35	3,422.74
06/05/17	300234	TWIN CITY WATER DEPT. 308 GRANT STREET DENNISON, OH 44621	Claim 000000F208, Payment 4.47028%	7100-000		1,359.83	2,062.91
* 06/05/17	300235	UNION HOSPITAL PHARMACY 659 BOULEVARD ST. DOVER, OH 44622	Claim 000000F210, Payment 4.47342%	7100-004		5.73	2,057.18
06/05/17	300236	UNITED ADD LABEL P.O. BOX 93517 CHICAGO, IL 60673	Claim 000000F211, Payment 4.47024%	7100-000		294.41	1,762.77
06/05/17	300237	UNITED MEDICAL SYSTEMS (DE) INC 1500 WEST PARK DR., STE 390 WESTBOROUGH, MA 01581	Claim 000000F213, Payment 4.47032%	7100-000		487.66	1,275.11
06/05/17	300238	US FOODSERVICE INC PO BOX 642561 PITTSBURGH, PA 64256	Claim 000000F216, Payment 4.46996%	7100-000		99.68	1,175.43
* 06/05/17	300239	VALLEY FIRE EQUIPMENT PO BOX 412 DOVER, OH 44622	Claim 000000F220, Payment 4.47024%	7100-003		366.46	808.97
06/05/17	300240	VISA PO BOX 4513 CAROL STREAM, IL 60197 4513	Claim 000000F221, Payment 4.46667%	7100-000		6.03	802.94
06/05/17	300241	WILBURN MEDICAL USA 146 FURLONG INDUSTRIAL DRIVE KERNERSVILLE, NC 27284	Claim 000000F222, Payment 4.47024%	7100-000		110.92	692.02
06/05/17	300242	WRIGHT MEDICAL TECHNOLOGY P.O. BOX 503482 ST LOUIS, MO 63150	Claim 000000F223, Payment 4.47028%	7100-000		224.98	467.04
06/05/17	300242	WYETH PHARMACEUTICALS					

Page Subtotals 0.00 3,057.05

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 30  
**Exhibit 9**

Case No: 10-64360 -RK  
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1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/05/17	300243	DEPT CH 14083 PALATINE, IL 600554083 ZONES 1102 15TH ST SW, STE 102 AUBURN, WA 980006509	Claim 000000F225, Payment 4.47028%	7100-000		407.77	59.27
06/05/17	300244	United States Bankruptcy Court OH	REMITTED TO COURT DIVIDENDS REMITTED TO THE COURT ITEM # CLAIM # DIVIDEND =====			59.27	0.00
			11 00000000F2 3.44	7100-001			
			15 0000000026 0.20	7100-001			
			19 0000000060 1.97	7100-001			
			21 0000000066 2.91	7100-001			
			40 0000000F25 3.85	7100-001			
			50 0000000F34 2.96	7100-001			
			54 0000000F38 3.59	7100-001			
			89 0000000F72 0.45	7100-001			
			105 0000000F84 1.42	7100-001			
			112 0000000F91 3.18	7100-001			
			127 000000F104 4.45	7100-001			
			132 000000F109 2.30	7100-001			
			135 000000F112 2.88	7100-001			
			143 000000F119 0.22	7100-001			
			189 000000F159 3.66	7100-001			
			199 000000F169 4.26	7100-001			
			226 000000F196 3.84	7100-001			
			234 000000F200 0.50	7100-001			
			248 000000002A 0.44	7100-001			
			252 000000F215 4.65	7100-001			

Page Subtotals 0.00 467.04

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 31  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 12/21/17	300239	VISA PO BOX 4513 CAROL STREAM, IL 60197 4513	255 000000F218 4.47 273 000000F224 3.63 Claim 000000F220, Payment 4.47024%	7100-001 7100-001 7100-003		-366.46	366.46
* 12/29/17	300053	Medical Staffing Solutions, Inc. 1817 Golden Mile Highway Pittsburgh, PA 15239	Stop Payment Reversal SA	7100-004		-77.00	443.46
* 12/29/17	300054	Johnson & Johnson c/o Patterson Belknap Webb & Tyler LLP, Attn: David W. Dykhouse, Esq. 1133 Avenue of the Americas New York, NY 100366770	Stop Payment Reversal SA	7100-004		-352.17	795.63
* 12/29/17	300056	NCS Healthcare of Ohio, LLC c/o Omnicare of Central Ohio 1600 River Center II Covington, KY 41011	Stop Payment Reversal SA	7100-004		-120.70	916.33
* 12/29/17	300085	ARIZANT HEALTHCARE INC PO BOX 845450 DALLAS, TX 752845450	Stop Payment Reversal SA	7100-004		-5.82	922.15
* 12/29/17	300094	COMPREHENSIVE PRACTICE RESOURCE 1640 CORPORATE WOODS CIRCLE UNIONTOWN, OH 44685	Stop Payment Reversal SA	7100-004		-43.59	965.74
* 12/29/17	300105	Wells Fargo Equipment Finance, Inc. 733 Marquette Ave., STE 300 Minneapolis, MN 55402	Stop Payment Reversal SA	7100-004		-723.46	1,689.20
* 12/29/17	300108	AGAPE INSTRUMENT 171 CONTAINER PLACE CINCINNATI, OH 45246	Stop Payment Reversal SA	7100-004		-17.17	1,706.37
* 12/29/17	300109	AGHOG/PITTSBURGH CO. INC	Stop Payment Reversal	7100-004		-17.43	1,723.80

Page Subtotals 0.00 -1,723.80

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 32  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		420 ASHWOOD ROAD DARLINGTON, PA 16115	SA				
* 12/29/17	300110	AGILITY THERAPY 2692 MOMENTUM PLACE CHICAGO, IL 606895326	Stop Payment Reversal SA	7100-004		-274.02	1,997.82
* 12/29/17	300120	BARKETT FRUIT COMPANY 205 DEEDS DRIVE DOVER, OH 44622	Stop Payment Reversal SA	7100-004		-40.30	2,038.12
* 12/29/17	300124	BURCO INTERNATIONAL PO BOX 3139 ASHEVILLE, NC 28802	Stop Payment Reversal SA	7100-004		-20.12	2,058.24
* 12/29/17	300125	CARDIAC SCIENCE PO BOX 120587 DEPT 0587 DALLAS, TX 753120587	Stop Payment Reversal SA	7100-004		-14.75	2,072.99
* 12/29/17	300127	CAREFUSION SOLUTIONS LLC 1952 SOLUTIONS CENTER LOCKBOX #771952 CHICAGO, IL 606771009	Stop Payment Reversal SA	7100-004		-810.12	2,883.11
* 12/29/17	300130	CMS COMMUNICATIONS PO BOX 790051 ST LOUIS, MO 631790051	Stop Payment Reversal SA	7100-004		-51.25	2,934.36
* 12/29/17	300131	COMMUNITY MEMORIAL HOSPITAL 660 ACLERMAN RD., ROOM 601 F PO BOX 183110 COLUMBUS, OH 432183110	Stop Payment Reversal SA	7100-004		-67.05	3,001.41
* 12/29/17	300132	CONCEPTUS INC PO BOX 39000 DEPT 33513 SAN FRANCISCO, CA 94139	Stop Payment Reversal SA	7100-004		-138.89	3,140.30

Page Subtotals 0.00 -1,416.50

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 33  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 12/29/17	300140	DANCO MEDICAL SYSTEMS 6920 PETERS ROAD TIPP CITY, OH 45371	Stop Payment Reversal SA	7100-004		-44.92	3,185.22
* 12/29/17	300141	DATE IMAGE HOPEWELL LLC 2345 GRATIOT ROAD NEWARK, OH 43055	Stop Payment Reversal SA	7100-004		-542.32	3,727.54
* 12/29/17	300143	EBSCO PO BOX 830460 BIRMINGHAM, AL 35283	Stop Payment Reversal SA	7100-004		-8.26	3,735.80
* 12/29/17	300146	FEDERATION OF STATE MEDICAL BOARDS OF  THE U.S. ATTN WHOLESALE LOCKBOX BAQFSMB PO BOX 970899 DALLAS, TX 753970899	Stop Payment Reversal SA	7100-004		-7.51	3,743.31
* 12/29/17	300149	FRONTIER PO BOX 2951 PHOENIX, AZ 850622951	Stop Payment Reversal SA	7100-004		-36.07	3,779.38
* 12/29/17	300151	GREAT AMERICAN LEASING COMPANY 8742 INNOVATION WAY CHICAGO, IL 606820087	Stop Payment Reversal SA	7100-004		-40.67	3,820.05
* 12/29/17	300153	GYRUS ACMI PO BOX 120166 DEPT 0166 DALLAS, TX 753120166	Stop Payment Reversal SA	7100-004		-300.34	4,120.39
* 12/29/17	300155	HARCOURT ASSESSMENT INC PO BOX 0855 CAROL STREAM, IL 06132 0855	Stop Payment Reversal SA	7100-004		-55.78	4,176.17
* 12/29/17	300158	HORTY SPRINGER SEMINARS 4614 5TH AVENUE	Stop Payment Reversal SA	7100-004		-22.13	4,198.30

Page Subtotals 0.00 -1,058.00

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 34  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 12/29/17	300164	PITTSBURG, PA 15213 KAMED 4645 WESTERVILLE RD SUITE C COLUMBUS, OH 43231	Stop Payment Reversal SA	7100-004		-7.82	4,206.12
* 12/29/17	300165	KATZ BRUNNER HEALTHCARE 4726A PARK ROAD CHARLOTTE, NC 28209	Stop Payment Reversal SA	7100-004		-159.82	4,365.94
* 12/29/17	300171	MCAFEE PO BOX 60157 LOS ANGELES, CA 90060 0157	Stop Payment Reversal SA	7100-004		-56.33	4,422.27
* 12/29/17	300173	MEDSERV PLUS INC PO BOX 411 TWINSBURG, OH 44087	Stop Payment Reversal SA	7100-004		-31.01	4,453.28
* 12/29/17	300182	MX LOGIC PO BOX 60157 LOS ANGELES, CA 90060 0157	Stop Payment Reversal SA	7100-004		-28.16	4,481.44
* 12/29/17	300183	NATIONWIDE RETIREMENT DEPARTMENT 3248 COLUMBUS, OH 432713248	Stop Payment Reversal SA	7100-004		-70.09	4,551.53
* 12/29/17	300186	NIGHTHAWK RADIOLOGY PO BOX 673398 DETROIT, MI 482673398	Stop Payment Reversal SA	7100-004		-2,982.93	7,534.46
* 12/29/17	300189	NUTRITION MANAGEMENT SYSTEMS 102 MAIN STREET, STE 20 WADSWORTH, OH 44281	Stop Payment Reversal SA	7100-004		-34.64	7,569.10
* 12/29/17	300190	OCE IMAGISTICS INC 100 OAKVIEW DRIVE TRUMBULL, CT 066114724	Stop Payment Reversal SA	7100-004		-5.71	7,574.81
* 12/29/17	300192	OHAINSURANCE SOLUTIONS 155 EAST BROAD ST., 2ND FLOOR	Stop Payment Reversal SA	7100-004		-34.33	7,609.14

Page Subtotals 0.00 -3,410.84

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 35  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 12/29/17	300199	COLUMBUS, OH 432153619 OUR TOWN COMPANY PO BOX 355 NASHVILLE, OH 44661	Stop Payment Reversal SA	7100-004		-8.49	7,617.63
* 12/29/17	300201	PEARSON PO BOX 0855 CAROL STREAM, IL 60132 0855	Stop Payment Reversal SA	7100-004		-46.11	7,663.74
* 12/29/17	300204	POSSITIVITY 4860 BLAZER PARKWAY DUBLIN, OH 43017	Stop Payment Reversal SA	7100-004		-6.68	7,670.42
* 12/29/17	300205	PRACTICE LINK LTD PO BOX 100 HINTON, WV 259510100	Stop Payment Reversal SA	7100-004		-102.60	7,773.02
* 12/29/17	300208	PRUDENT PUBLISHING PO BOX 360 RIDGEFIELD PARK, NJ 07660	Stop Payment Reversal SA	7100-004		-12.41	7,785.43
* 12/29/17	300210	RESPIRONICS PO BOX 640817 PITTSBURGH, PA 152640817	Stop Payment Reversal SA	7100-004		-14.53	7,799.96
* 12/29/17	300211	ROCHE DIAGNOSTCS CORP PO BOX 120243 DEPT 0243 DALLAS, TX 753120243	Stop Payment Reversal SA	7100-004		-66.48	7,866.44
* 12/29/17	300217	SHOCKWAVE SPECIALISTS PO BOX 1476 HUDSON, OH 44236	Stop Payment Reversal SA	7100-004		-58.11	7,924.55
* 12/29/17	300219	SMITHS MEDICAL ASD INC PO BOX 8500 LOCK BOX 5155 PHILADELPHIA, PA 19178 5155	Stop Payment Reversal SA	7100-004		-31.07	7,955.62
Page Subtotals					0.00	-346.48	

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 36  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
* 12/29/17	300224	TELEPAGE COMMUNICATION SYSTEM 900 GRAND CENTRAL AVE., STE 2 VIENNA, WV 26105	Stop Payment Reversal SA	7100-004		-10.46	7,966.08
* 12/29/17	300225	TELERITE CORP PO BOX 61018 NEW ORLEANS, LA 70161 1018	Stop Payment Reversal SA	7100-004		-41.03	8,007.11
* 12/29/17	300226	THE SAGE GROUP 106 BEAVER CREEK COURT SEWICKLEY, PA 15143	Stop Payment Reversal SA	7100-004		-9.57	8,016.68
* 12/29/17	300227	TIMES REPORTER PO BOX 4571 BUFFALO, NY 142404571	Stop Payment Reversal SA	7100-004		-102.61	8,119.29
* 12/29/17	300235	UNITED ADD LABEL P.O. BOX 93517 CHICAGO, IL 60673	Stop Payment Reversal SA	7100-004		-5.73	8,125.02
01/15/18	300245	CLERK OF COURTS UNITED STATES BANKRUPTCY COURT 201 SUPERIOR AVE., E. CLEVELAND, OH 44114-4240	Claim 000000F220, Payment 4.47024% DIVIDENDS REMITTED TO THE COURT ITEM # CLAIM # DIVIDEND =====			8,125.02	0.00
			257 000000F220 366.46	7100-001			
			142 0000000010 77.00	7100-001			
			121 0000000012 352.17	7100-001			
			157 0000000014 120.70	7100-001			
			28 0000000057 5.82	7100-001			
			64 0000000074 43.59	7100-001			
			268 00000000D7 723.46	7100-001			
			16 00000000F6 17.17	7100-001			
			17 00000000F7 17.43	7100-001			
			18 00000000F8 274.02	7100-001			

Page Subtotals 0.00 7,955.62

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 37  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			36 0000000F23 40.30	7100-001			
			52 0000000F36 20.12	7100-001			
			53 0000000F37 14.75	7100-001			
			58 0000000F42 810.12	7100-001			
			62 0000000F45 51.25	7100-001			
			63 0000000F46 67.05	7100-001			
			65 0000000F48 138.89	7100-001			
			77 0000000F60 44.92	7100-001			
			78 0000000F61 542.32	7100-001			
			85 0000000F68 8.26	7100-001			
			90 0000000F73 7.51	7100-001			
			94 0000000F77 36.07	7100-001			
			101 0000000F80 40.67	7100-001			
			103 0000000F82 300.34	7100-001			
			106 0000000F85 55.78	7100-001			
			110 0000000F89 22.13	7100-001			
			123 0000000F101 7.82	7100-001			
			124 0000000F102 159.82	7100-001			
			139 0000000F116 56.33	7100-001			
			144 0000000F120 31.01	7100-001			
			155 0000000F131 28.16	7100-001			
			156 0000000F132 70.09	7100-001			
			162 0000000F137 2,982.93	7100-001			
			165 0000000F140 34.64	7100-001			
			166 0000000F141 5.71	7100-001			
			169 0000000F144 34.33	7100-001			
			181 0000000F151 8.49	7100-001			
			185 0000000F155 46.11	7100-001			

Page Subtotals 0.00 0.00

**FORM 2**

**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 38  
Exhibit 9

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: UNION BANK  
Account Number / CD #: \*\*\*\*\*4212 Checking Account (Non-Interest Earn

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			190 000000F160 6.68	7100-001			
			191 000000F161 102.60	7100-001			
			194 000000F164 12.41	7100-001			
			201 000000F171 14.53	7100-001			
			202 000000F172 66.48	7100-001			
			208 000000F180 58.11	7100-001			
			215 000000F185 31.07	7100-001			
			227 000000F197 10.46	7100-001			
			228 000000F198 41.03	7100-001			
			232 000000F199 9.57	7100-001			
			235 000000F201 102.61	7100-001			
			246 000000F210 5.73	7100-001			

COLUMN TOTALS	543,585.13	543,585.13	0.00
Less: Bank Transfers/CD's	477,690.21	0.00	
Subtotal	65,894.92	543,585.13	
Less: Payments to Debtors		0.00	
Net	65,894.92	543,585.13	

Page Subtotals 0.00 0.00

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 39  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: Capital One  
Account Number / CD #: \*\*\*\*\*4923 Money Market Account

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			BALANCE FORWARD				0.00
08/30/11	14	Hahn Loeser & Parks LLP Trust Account 200 Public Square, STE 2800 Clerveland, Ohio 44114	Purchase Price Adjustment - Asse	1290-000	12,966.15		12,966.15
09/08/11		Transfer to Acct #*****4931	Bank Funds Transfer	9999-000		320.00	12,646.15
09/26/11		Transfer to Acct #*****4931	Bank Funds Transfer	9999-000		26.57	12,619.58
10/31/11	INT	Capital One	Interest Rate 0.080	1270-000	0.69		12,620.27
11/03/11	12	Anthony J. DeGirolamo, Trustee 116 Cleveland Ave., N.W., STE 307 Canton, OH 44702	Funds held by Interim Trustee	1290-000	233,195.90		245,816.17
11/15/11		Transfer to Acct #*****4931	Bank Funds Transfer	9999-000		200.00	245,616.17
11/30/11	INT	Capital One	Interest Rate 0.080	1270-000	13.09		245,629.26
12/30/11	INT	Capital One	Interest Rate 0.080	1270-000	16.69		245,645.95
01/13/12	13	Key Equipment Finance KeyBank National Association P.O. Box 810015 Toledo, OH 43681-0015	Preference Settlement	1241-000	2,450.61		248,096.56
01/19/12		Transfer to Acct #*****4931	TRANSFER TO WRITE CHECKS	9999-000		1,000.00	247,096.56
01/26/12	15	JPMorgan Chase Bank, NA Court Orders & Levies P.O. Box 183164 Columbus, OH 43218-3164	457(b) Plan settlement-Restr. Acct.	1249-000	449,600.31		696,696.87
01/26/12		Transfer to Acct #*****4931	Bank Funds Transfer	9999-000		1,000.00	695,696.87
01/27/12	13	Bloom's Printing, Inc. 4792 N. 4th St. Ext., E. Dennison, OH 44621	Preference Settlement	1241-000	1,618.65		697,315.52
01/31/12	INT	Capital One	Interest Rate 0.080	1270-000	18.66		697,334.18
02/09/12		Transfer to Acct #*****4931	Bank Funds Transfer	9999-000		415,974.63	281,359.55

Page Subtotals 699,880.75 418,521.20

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 40  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: Capital One  
Account Number / CD #: \*\*\*\*\*4923 Money Market Account

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
02/29/12	INT	Capital One	Interest Rate 0.080	1270-000	32.52		281,392.07
03/30/12	INT	Capital One	Interest Rate 0.080	1270-000	23.83		281,415.90
04/30/12	INT	Capital One	Interest Rate 0.080	1270-000	23.07		281,438.97
05/10/12		Transfer to Acct #*****4931	Bank Funds Transfer	9999-000		32,000.00	249,438.97
05/31/12	INT	Capital One	Interest Rate 0.080	1270-000	21.92		249,460.89
06/29/12	INT	Capital One	Interest Rate 0.080	1270-000	20.45		249,481.34
07/31/12	INT	Capital One	Interest Rate 0.080	1270-000	21.13		249,502.47
08/31/12	INT	Capital One	Interest Rate 0.080	1270-000	21.13		249,523.60
09/28/12	INT	Capital One	Interest Rate 0.080	1270-000	20.45		249,544.05
10/31/12	INT	Capital One	Interest Rate 0.080	1270-000	21.14		249,565.19
11/30/12	INT	Capital One	Interest Rate 0.080	1270-000	20.46		249,585.65
12/13/12	INT	Capital One	INTEREST REC'D FROM BANK	1270-000	6.14		249,591.79
12/13/12		Transfer to Acct #*****4212	Bank Funds Transfer	9999-000		249,591.79	0.00

COLUMN TOTALS	700,112.99	700,112.99	0.00
Less: Bank Transfers/CD's	0.00	700,112.99	
Subtotal	700,112.99	0.00	
Less: Payments to Debtors		0.00	
Net	700,112.99	0.00	

Page Subtotals 232.24 281,591.79

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 41  
**Exhibit 9**

Case No: 10-64360 -RK  
Case Name: TWIN CITY HOSPITAL

Trustee Name: Mark D. Kozel  
Bank Name: Capital One  
Account Number / CD #: \*\*\*\*\*4931 Checking Account

Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			BALANCE FORWARD				0.00
09/08/11		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	320.00		320.00
09/13/11	003001	MRSC Insurance Partners, LLC 6190 Cochran Rd., STE E Solon, OH 44139	Chapter 7 Trustee Bond	2300-000		320.00	0.00
09/26/11		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	26.57		26.57
09/26/11	003002	Federal Express	Invoice 7-615-75951, Capital One	2990-000		26.57	0.00
11/15/11		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	200.00		200.00
* 11/15/11	003003	Treasurer - State of Ohio Ohio Attorney General - Charitable Law 150 E. Gay St., 23rd Floor Columbus, OH 43215-3130	OH Verification of IRS filing	2820-003		200.00	0.00
* 11/29/11	003003	Treasurer - State of Ohio Ohio Attorney General - Charitable Law 150 E. Gay St., 23rd Floor Columbus, OH 43215-3130	OH Verification of IRS filing	2820-003		-200.00	200.00
11/29/11	003004	Treasurer - State of Ohio Ohio Attorney General - Charitable Law 150 E. Gay St., 23rd Floor Columbus, OH 43215-3130	OH Verification of IRS Filing	2820-000		200.00	0.00
01/19/12		Transfer from Acct #*****4923	TRANSFER TO WRITE CHECKS	9999-000	1,000.00		1,000.00
01/19/12	003005	Rea & Associates, Inc. 122 Fourth St., NW P.O. Box 1020 Neew Philadelphia, OH 44663-5120	Form 550 processing - 2010 Pursuant to Retention Order, amount can be paid without further approval	3991-000		1,000.00	0.00
01/26/12		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	1,000.00		1,000.00
02/09/12		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	415,974.63		416,974.63
02/13/12	003006	Vaijanath Bhairappa, M.D. 1955 Buckeye St NE	Settlement Amount- 457b Plan Settlement Amount pursuant to Compromise Motion,	5400-000		42,627.00	374,347.63

Page Subtotals 418,521.20 44,173.57

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Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
02/13/12	003007	New Philadelphia, OH 44663 Varsha Gharpure, M.D. 3015 35th St. Oak Brook, IL 60523-2606	Docket 479 Settlement Amount - 457b Plan Pursuant to Settlement Agreement & motion to compromise (Docket 479)	5400-000		41,734.79	332,612.84
02/13/12	003008	Christian Olympia, M.D. 8700 Tangleridge Dr. Ft. Worth, TX 76123	Settlement Amount - 457b Plan Pursuant to Settlement Agreement and Motion to Compromise, Docket 479	5400-000		38,169.03	294,443.81
02/13/12	003009	Maricelle Sorolla-Olympia, M.D. 8700 Tangleridge Dt. Ft. Worth, TX 76123	Settlement Amount - 457b Plan Pursuant to Settlement Agreement and Motion to Compromise, Docket 479	5400-000		65,318.60	229,125.21
02/13/12	003010	Laura Rollandini, M.D. 86533 North Bay Rd. Scio, OH 43988	Settlement Amount - 457b Plan Settlement Amount pursuant to Agreement and Motion to Compromise, Docket 479	5400-000		31,577.46	197,547.75
02/13/12	003011	Emmanuel Nocche, M.D. 2151 Kevin Ct. New Philadelphia, OH 44663	Settlement Amount - 457b Plan Pursuant to Settlement Agreement and Motion to Compromise, Docket 479	5400-000		42,708.17	154,839.58
02/13/12	003012	Wells Fargo Bank, National Association Ginny Housum Wells Fargo CMES Special Accounts Group MAC N9311-115 625 Marquette Ave., 11th Floor Minneapolis, MN 55479	457b Plan Settlement Amount Pursuant to Settlement Agreement and Motion to Compromise, Docket 479 and Order 484	5400-000		153,839.58	1,000.00
02/14/12	13	US Foodservice 10410 South 50th Place Phoenix, AZ 85044	Preference Settlement	1241-000	4,500.00		5,500.00
02/22/12	003013	FedEx P.O. Box 371461 Pittsburgh, PA 15250-7461	457(b) Plan Settlement checks	2990-000		244.13	5,255.87
02/22/12	003014	ProFile Imaging 526 Superior Ave. East, STE 1500	Bar Date Notice Mailing-Inv 58362	2990-000		1,833.37	3,422.50

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Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
03/02/12	003015	Cleveland, OH 44114 Anthony J. DeGirolamo, Attorney at Law 116 Cleveland Ave., N.W., STE 307 Canton, OH 44702	Interim Fees-Expenses - Docket 500			2,986.48	436.02
			Fees 2,862.00	2100-000			
			Expenses 124.48	2200-000			
03/07/12	13	AVI Foodsystems, Inc. 2590 Elm Rd., N.E. Warren, OH 44483	Preference Settlement	1241-000	180,000.00		180,436.02
04/04/12	13	Stephenson, Stephenson, Carrothers & Ong 206 W. High Ave. P.O. Box 992 New Philadelphia, OH 44663	Return of held funds	1249-000	1,070.00		181,506.02
* 05/02/12		MedGarde Corporation P.O. Box 221033 Chantilly, VA 20153		1241-003	1,577.50		183,083.52
* 05/02/12		MedGarde Corporation P.O. Box 221033 Chantilly, VA 20153	VOID entered incorrect check amount	1241-003	-1,577.50		181,506.02
05/02/12	13	MedGarde Corporation P.O. Box 221033 Chantilly, VA 20153		1241-000	1,557.50		183,063.52
05/10/12		Transfer from Acct #*****4923	Bank Funds Transfer	9999-000	32,000.00		215,063.52
05/15/12	13	Unum Life Insurance Company of America 2211 Congress St. Portland, ME 04122-0001		1241-000	22,500.00		237,563.52
05/18/12	17	Trinity Hospital Twin City 819 North First Street Dennison, OH 44621		1249-000	3,500.00		241,063.52

Page Subtotals 240,627.50 2,986.48

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Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
05/21/12	13	Owens & Minor P.O. Box 27626 Richmond, VA 23261-7626		1241-000	12,500.00		253,563.52
05/24/12	003016	SS&G, Inc. P.O. Box 39453 Cleveland, OH 44139-0453	Invoice 501450 Docket 527 - Order Granting First Fee Application of SS&G, Inc.	3410-000		9,257.90	244,305.62
05/24/12	003017	Hahn Loeser & Parks LLP P.O. Box 643434 Cincinnati, OH 45264-3434	First Fee App - Twin City Hosp. Docket 528 - Order Granting First Fee Application of Hahn Loeser & Parks LLP	3210-000		77,846.50	166,459.12
05/24/12	003018	Hahn Loeser & Parks LLP P.O. Box 643434 Cincinnati, OH 45264-3434	Twin City Hospital - Fees Docket 528 - Order Granting First fee Application of Hahn Loeser & Parks LLP	3220-000		1,172.44	165,286.68
05/24/12	003019	The Parkland Group, Inc. 1375 East Ninth St., STE 1350 Cleveland, OH 44139	Twin City Hospital - Fees Docket 526 - Agreed Order Granting First Fee Application of The Parkland Group, Inc.	3731-000		83,315.00	81,971.68
05/24/12	003020	The Parkland Group, Inc. 1375 East Ninth St., STE 1350 Cleveland, OH 44139	TGwin City - Expenses Docket 526 - Agreed Order Granting First Fee Application of The Parkland Group, Inc.	3732-000		369.77	81,601.91
06/04/12	13	MedGarde Corporation P. O. Box 1001 Fairfax, VA 22038		1241-000	1,557.50		83,159.41
07/24/12	13	MedGarde Corporation P.O. Box 1001 Fairfax, VA 22038		1241-000	1,557.50		84,716.91
07/31/12	003021	Insurance Partners Agency, Inc. 26865 Center Ridge Road Westlake, OH 44145	Chapter 7 Bond Renewal	2300-000		320.00	84,396.91
08/13/12	13	MedGarde Corporation P.O. Box 1001 Fairfax, VA 22038		1241-000	1,557.50		85,954.41

Page Subtotals 17,172.50 172,281.61

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Page: 45  
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Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
09/25/12	003022	The Parkland Group, Inc. 1375 East Ninth St., STE 1350 Cleveland, OH 44114	Second Fee Application	3731-000		25,200.00	60,754.41
09/25/12	003023	The Parkland Group, Inc. 1375 East Ninth St., STE 1350 Cleveland, OH 44114	Seconf Fee Application	3732-000		69.35	60,685.06
09/25/12	003024	SS&G Attn: Carolyn McNerney 301 Springside Drive Akron, OH 44333	Second Fee Application - Twin City	3410-000		2,000.15	58,684.91
09/25/12	003025	Hahn Loeser & Parks, LLP Attn: Chris Peer 200 Public Square, STE 2800 Cleveland, OH 44114	Second Fee Application	3110-000		37,227.50	21,457.41
09/25/12	003026	Hahn Loeser & Parks, LLP Attn: Chris Peer 200 Public Square, STE 2800 Cleveland, OH 44114	Second Fee Application	3210-000		1,708.99	19,748.42
09/30/12	13	Aultcare Insurance Company		1241-000	78,750.00		98,498.42
09/30/12	13	Canton AUltman Emergency Physicians		1241-000	82,500.00		180,998.42
10/18/12	13	SiemensHealthcare Diagnostics Inc. 3850 Quadrangle Blvd. Orlando, FL 32817		1141-000	42,500.00		223,498.42
10/29/12	13	GE Healthcare Financial Services 1010 Thomas Edison Blvd., SW Cedar Rapids, IA 52404		1241-000	5,000.00		228,498.42
11/28/12	003027	Ohio Attorney General Mike De Wine Charitable Law Section 150 E. Gay St., 23rd Floor Columbus, OH 43215	2011 Taxes - Twin City Hospital Corporation EIN 34-0585740	2820-000		400.00	228,098.42

Page Subtotals 208,750.00 66,605.99

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Page: 46  
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Taxpayer ID No: \*\*\*\*\*5740  
For Period Ending: 02/27/18

Blanket Bond (per case limit):  
Separate Bond (if applicable): \$ 260,000.00

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
12/13/12		Transfer to Acct #*****4212	Bank Funds Transfer	9999-000		228,098.42	0.00

COLUMN TOTALS	889,571.20	889,571.20	0.00
Less: Bank Transfers/CD's	450,521.20	228,098.42	
Subtotal	439,050.00	661,472.78	
Less: Payments to Debtors		0.00	
Net	439,050.00	661,472.78	

	NET	ACCOUNT
TOTAL - ALL ACCOUNTS	NET DEPOSITS	DISBURSEMENTS
Checking Account (Non-Interest Earn - *****4212	65,894.92	543,585.13
Money Market Account - *****4923	700,112.99	0.00
Checking Account - *****4931	439,050.00	661,472.78
	-----	-----
	1,205,057.91	1,205,057.91
	=====	=====
(Excludes Account Transfers)	(Excludes Payments To Debtors)	Total Funds On Hand

Page Subtotals 0.00 228,098.42